

## Pacific Northwest Audiology

### Audiology Service Financial Agreement

#### Insurance

If you have health insurance plan, we are eager to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

You will be asked to keep your insurance information current, including providing our office with a copy of your insurance card. We are required by law to obtain your signature for permission to release information to your insurance carrier. Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance requirements.

We will gladly submit claims for your covered medical health care services and products to your insurance company. However, we expect payment of all services and products with 60 days. **It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days.** It is your responsibility to understand your coverage and benefits, including precertification, medical clearance, referral and authorization requirements, and to be sure all insurance information is current. If you give the wrong insurance information and a referral is required, you will be responsible for the charges. We will, however, assist you to ensure that all plan requirements are met.

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#### Payment for Services

**Payment for services, including insurance co-payment or self-pay balance amount, is due at the time services are rendered.** We accept exact cash, checks, debit card, MasterCard, Visa, Discover and American Express. Our failure to collect these amounts may be a violation of our contract with your insurance company. In addition, your failure to pay the required co-pay is a violation of your financial responsibility for coverage.

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#### Returned checks will result in a \$30 fee that will be posted to your account.

Returned checks, balances older than 60 days, and failure to pay account balance as promised may be subject to external collection and additional collection fees, including attorney and other court fees.

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## General

We will gladly discuss your proposed services and treatments and answer any questions relating to your insurance. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. We must emphasize that as medical health care provider, our relationship is with you, not your insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. **We have payment plan options for patients who receive our services and products.**

## Cancelled Appointments

Charges may be incurred for broken, confirmed appointments and appointments cancelled without 24 hours' notice. Your cooperation in canceling your scheduled appointment well in advance allows us the opportunity to offer your appointment to a person who needs health care. **Failure to show for a scheduled, confirmed appointment may result in a \$60 cancellation fee.**

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If you have any questions about the above information, please do not hesitate to ask us at 541-678-5698.

Thank you.

**My signature below constitutes acknowledgement and acceptance of this policy.**

Patient Name in Print: \_\_\_\_\_

Responsible Party Name in Print: \_\_\_\_\_

Patient or Responsible Party Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_