



Financial Policy

We at AnyPlace AuD recognize the need for a definite understanding between patient and provider regarding financial arrangements for Hearing Health care.

Responding to this need and upon advice of our financial counsel, the following AnyPlace AuD Financial Policy will be immediately effective for all our patients.

Terms and Conditions:

1. All charges incurred for services, in the office, will be due and payable at the time services are rendered.

Exclusions to this policy in some cases will include:

- a. Patients whose primary health insurance carrier is Medicare
- b. Health Maintenance Organization (HMO)
- c. Preferred Provider Organization (PPO) (which pays the physician directly for services)
- d. VA associated insurance & Logistic Health,
- e. Community Care Networks (CCN)
- f. All above based on Pre-approval

2. An Office Charge of \$ 60.00 May be accessed for some patients that see the Doctor. (This fee is based on payment for the Doctor's time and there are some variations)
3. All Co-payment and deductible amounts are due and payable at the time of service.
4. Patients who have deductibles that have not been met, AnyPlace AuD will collect a \$65.00 fee at the time of the office visit to offset the costs of these deductibles.
5. All charges for services including insurance claims, which are left unpaid, no matter the issue, become the patient's personal responsibility, and furthermore, all unpaid balances are due and payable no later than 90 days from the date of service.

(This period allows sufficient time to process insurance and to make payment in full of any balance remaining after payment by the carrier.)

6. In the event of duplicate payment on the account by the insurance carrier or the patient, the overpayment will be refunded to the patient upon verification.
7. For those patients who are eligible for Medicare, we have joined the Federal Medicare Participating Provider Program. As a "Participating Provider," we will accept assignment on all services covered by Medicare. This means we will accept the approved amount as our payment in full, writing off Medicare's non-approved portion of

Initial _____



our charges to you. Medicare will pay our office for a percentage of the approved amount; minus any deductible you are responsible for. If you have supplemental insurance coverage that will cover the portion of the approved amount Medicare does not pay,

please make certain we have a copy of your insurance card (front and back) and one of your company's insurance forms if necessary, along with the referral from your **Primary Care Provider**. Although we will accept assignment for Medicare patients, the patient will be responsible for any portion of the approved amount not covered by Medicare or a secondary insurance carrier.

8. All insurances will be billed in accordance with all acceptable billing practices for the Audiology Industry. The standards and models will be strictly complied with. All costs associated with insurance charges will be the sole financial responsibility of the services or goods provided for the individual represented. Payments or the lack of payments will be the patient's financial responsibility no matter what the insurance claims outcome. Some insurance payment models only pay for mid-level instruments and patients purchasing top of the line instruments will be responsible for the difference.

It is our hope that the above financial policy will allow us to provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to contact our office.

Patient agrees to all the terms and conditions of this financial policy and furthermore accepts all the terms and conditions listed in it.



Patient: _____

Signature

Print Name