

## FINANCIAL POLICY

Thank you for allowing us to serve your hearing healthcare needs.

- PAYMENTS** We accept cash, check, Visa, Master Card, American Express, Discover, and Care Credit. Payments are due at the time services are rendered. As a courtesy to our patients we are willing to work with you to make a mutually agreeable payment plan.
- INSURANCE** If your insurance plan requires a referral/authorization from your Primary Care Physician and it is not present for your appointment, you will have 10 days to submit it to our billing department, or you will be responsible for charges accrued. Patient is responsible to verify in or out of network services with their insurance. Patient is responsible for any balance after insurance payment.
- DIAGNOSTICS** All diagnostic billing is subject to co-pays, deductibles, and co-insurances per your individual insurance plan guidelines. You will be responsible for any remaining balance after insurance payment. Insurance card must be present at time of service or you may be responsible for payment in full.
- HEARING AIDS** All hearing aid benefits are subject to insurance eligibility and may have a co-pay or deductible per your individual insurance plan guidelines. You will be responsible for any remaining balance after insurance payment per your plan details.
- OFFICE VISITS** Out of warranty hearing aid services may not be covered under your insurance plan. These office visits can range between \$35.00 - \$295.00. You may also enroll in our Premium Care Plan (ask us for details).
- LOSS & DAMAGE** New hearing aids come with a 1-3 year loss and damage warranty\*. Loss and damage consists of one loss, or damage beyond repair, per aid within the given warranty period. A replacement deductible of \$500 per hearing aid will be collected prior to ordering replacement aid/s . \*L&D coverage varies per aid.

**I have read and understand the above Financial Policy for South Shore Hearing Center**

**Patient Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_