

Hearing and Balance Clinic Financial Policy

Please make sure we have complete, correct Insurance and address information on file when you check in for each visit. It is your responsibility to make sure we have the information to file your claims correctly the first time.

Co-pays: If your Insurance plan has a co-pay then payment is due on the day of your visit.

When you check in/out, the receptionist will ask you to pay for co-pays, co-insurance, any deductible not met, accessories you are purchasing, repair fees, and/ or any outstanding balance on your account.

Methods of Payment: We accept Cash, Checks, Visa, Money Order, Debit Cards, Master Card, and Discover. We do NOT except post-dated checks or assigned checks without prior arrangements.

Insurance: We currently participate with Medicare, Blue Cross/ Blue Shield, United Healthcare, AmeriGroup, Aetna Medicare, Aetna, Cigna Healthcare, EON, Wellcare Medicare, Allied Health Plan, Ambetter, Ameriben, Peachstate, Benefit Support, Caresource, Christian Health Aid, Human Medicare, Quick Trip, Railroad Medicare, Tricare East & Tricare for Life, and many other managed care plans. We ask that you call and verify your benefits and whether we are participants in your Insurance plans. We will be happy to assist if necessary. Many plans will cover hearing evaluations but will NOT cover the cost of hearing aids. We can offer several options through a financing company to assist you in the purchase of aids, if necessary. We do not finance through our or office.

Medicare: Medicare does not cover Audiology Office visits or hearing aid related services. The office visit fee is \$54.00. We will file with Medicare for the services they do cover. Medicare does cover diagnostic services without an order from your Physician, and we can't file without the order.

Billing: As a courtesy to our patients with Insurance, we will file you Initial Insurance claim for your visit. We will use our staff and resources to attempt collection for services rendered up to 60 days. However, if we have not received payment from your Insurance company within 60 days, you agree to be responsible for the balance due. In the event, we will provide a copy of your invoice, all insurance correspondence, appropriate notes and forms so that you can continue the attempt to collect from your Insurance company for reimbursement.

Please remember that your Insurance policy is an agreement between you and your Insurance company: therefore, we have no control over the limitations of your policy. While we make every effort to verify coverage, your Insurance will determine actual benefits allowed when processing your claim. You will be responsible for charges denied by your insurance company, charges applied to your deductible, and /or co-pay and co-insurance amounts reflected as patient responsibility on the Explanation of Benefits provided by your insurance company. When the Insurance company has processed your claim, any balance due from you should be paid within 14 days.

Returned Check: If your check is returned by the bank for any reason, a \$45 charge will be assessed. We will automatically redeposit your check one time.

Collections: Accounts not paid within, 30 days begin our In-house collection process. This process consists of assessing a late fee of \$25.00 after 30 days have elapsed. If the account is not paid with 60 days an additional late fee of \$25.00 is assessed. Accounts 90 days past due are turned over to collections. In that event, you will also be responsible for all costs incurred to settle your account including, but not limited to, billing fees, late payment fees, collection agency fees, production costs, duplication costs, legal fees, court fees, and assessed penalties. Service from this practice may be affected by past due accounts. Please do not let this happen.

Please contact the billing office at 706-356.0377 ext. 3211 before your account becomes a problem.

Print Name: _____ Signature: _____

Date: ____/____/____ Date of Birth: _____