



Client/Patient Data

Patient Email: _____ Phone: _____ [] home [] cell

Primary Physician: _____ Phone: _____

Medical Information (HIPAA) Release

[] *OK To:* leave a detailed phone message

I authorize the release of information, including medical & financial records, *to the following:*

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

This **Release of Information** will remain in effect until terminated by me in writing.

Financial Policy & Statement on Insurance

- Medicare requires a referral from your PCP (primary care provider) as medically necessary, to cover audiological services; please secure a referral from your PCP *prior to our appointment*, or you'll be asked to waive Medicare coverage & pay out of pocket at time of service.
- As Medicare providers, we are obligated by law to charge for all audiological professional services & diagnostic procedures so there is no billing discrimination across insurance patients.
- In-Network: We will bill your health plan for any audiologic/diagnostic/ear cleaning services or any products/devices you've opted for at our recommendation; We will collect your plan's listed specialist copay amount for diagnostics/procedures, or your estimated out of pocket portion for hearing devices per your plan's benefit specifics, on date of service. Should your health plan determine your patient responsibility portion is more or less than what you paid on date of service, you will be refunded or invoiced accordingly.
- Out-of-Network: We will bill your health plan as a courtesy for any audiologic/diagnostic/ear cleaning services, or products/devices you've opted for at our recommendation; While your health plan might cover in-full, in-portion, or deny completely, you are responsible for full balance, up front, on day of service, for all services rendered or products/devices dispensed. Upon submission to your plan, if eligible, your plan will then reimburse you directly.
- Self-Pay: If opted for, professional ear cleaning incurs \$35/ear fee and will be collected at time of service.
- Third Party Administrator referrals for Hearing Aids (Third Party Sellers & health insurance Managed-Care Programs) contract our providers to perform hearing aid evaluation for the sake of dispensing & related hearing aid services, so in these cases, those entities will be the responsible parties for settling charges/coverage directly with you and/or your health plan for the services falling under their contract with you or program stipulations with your health plan.
- We will NOT bill you or your insurance policy for SCREENINGS (special events including otoscopy, pass/fail hearing screen, Cognivue cognitive screen) as these are non-chargeable/ non-reimbursable services per Medicare & other health plan rules; IF screening results indicate medical necessity for full diagnostic evaluation, you can accept or decline further testing at that time. IF further diagnostic procedures *ARE* opted for and performed, we are obligated to charge/bill insurance as is usual & customary (If you would like Medicare financial coverage of complete diagnostic testing, we would require you to schedule a separate appointment to render those services, upon receipt of PCP referral indicating it is medically necessary; otherwise you can opt to waive Medicare coverage and pay out of pocket for same-day services).

I have read and understand the above financial policy & insurance statement.

Print: _____

Sign: _____

Date: _____