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| **National Hearing & Balance**  **Financial Policy** | A close-up of a sign  Description automatically generated |
| **Serving Arizona, New Mexico, and Texas** | |

At National Hearing and Balance, we provide you the best possible care for you, and we want you to completely understand our financial policies.

1. You are required to provide us a copy of your insurance card(s) (primary and secondary) and a valid ID (driver’s license, State ID, Passport).
2. Payment is due at the time of service unless arrangements have been made in advance by your insurance carrier. We accept VisaTM, MasterCardTM, American ExpressTM, Cash and Checks.
3. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim for you and assign the benefits to the doctor – in other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period (90 days), you will be responsible for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
4. It is your responsibility to notify us of change of insurance and address.
5. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment at the time of your visit.
6. Not all insurance plans cover all services. If your insurance plan determines a service to be “not covered” you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
7. There is a $40 charge for all checks returned due to insufficient funds.
8. In the event your account is referred to a collection agency due to lack of payment, you agree to pay all collection/legal fees may be added to your account.

I have read and understand the practices’ financial policy, and I agree to be bound by its terms. I also understand and agree that such terms may be amended buy the practice from time to time.

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Signature of Patient/Guardian/POA Date