A close-up of a sign

Description automatically generated

Dear Patient:

Thank you for choosing National Hearing and Balance for your audiological needs. This letter and any accompanying paperwork are your Patient Information Packet. Please complete the enclosed forms to the best of your ability and knowledge. These forms should be completed in ink only.

On the day of your appointment please bring:

* Insurance card(s) and Picture ID (driver’s license, State ID, passport)
* Completed paperwork, please arrive 20 minutes early if you need to con
* Copy of previous tests completed (hearing tests within the last year)
* Copy of reports (MRI/CT scans) as related to your hearing/balance
* Physician referral/order for services
* Your copay, if applicable (we accept all major credit cards, cash, or checks)

As the patient, it is your responsibility to know if your insurance requires a referral from a physician, to obtain that referral, and to check with your insurance to make sure we are in your network.

We will bill your insurance carrier for all covered services if you are covered by a plan we are contracted with as a participating provider. You are required to pay all copays at the time of service. For amounts due after insurance has processed your claim (such as unmet deductible or services not covered), you will see 3 consecutive statements at 30-day intervals. If no payment is received, your account will be forwarded to collections. \*

As always, we do everything we can to better serve your needs in the most efficient and professional manner possible. If you have any questions or concerns, please do not hesitate to call us at 888-799-1352.

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Patient, Power of Attorney, or Guardian Signature Date

\*You agree, for us to service our account to collect any amounts you may owe, we may contact you by telephone at any telephone numbers associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using the email address you provide to us. Methods of contact may include pre-recorder/artificial voice messages and/or use of an automatic dialing device, as applicable.

\*\*Returned check fee $40

\*\*\*We reserve the right to reschedule you if you are late and/or on time but have not completed your paperwork.