



Notice to Patients of Financial Responsibility

Thank you for choosing **Highline Hearing Professionals** for your hearing healthcare. We are committed to providing quality care, service, and products to all our patients. The following is a statement of our financial policies. Please review and sign prior to treatment.

- In the absence of verified insurance benefits, you are responsible for the cost of services rendered. We are happy to provide you with an estimate of charges as well as anticipated insurance coverage prior to service.
- It is your responsibility to provide current and accurate insurance information - including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
- If we have a contract with your insurance company, we will bill your insurance company first, less any copayment(s) or deductible(s), and then bill you for any amount determined to be your responsibility. This process generally takes 45-60 days from the time the claim is received by the insurance company.
- If we do not have a contract with your insurance company, you will be expected to pay for all services rendered at the end of your visit. Discounted pricing generally applies for prompt payment at the time of diagnostic service. We will provide you with a statement that you can submit to your insurance company for possible reimbursement.
- Some insurance coverage may be based on medical necessity. It is your responsibility to obtain a medical referral or other documentation in advance of service to comply with this provision. If not, you will be required to pay at the time of service.

I have read the financial policies outlined above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

Signature of Patient/Responsible Party

Date

Name of Patient/Responsible Party (please print)

Relationship to Patient