



Agreement to Pay

Dear Patient:

Thank you for choosing the Hearing Speech & Deaf Center. The Center is a non-profit agency that has been serving the communication needs of the community since 1925. Please review the following policies regarding the payment of fees.

Fees are charged for the professional services rendered to the patient. The patient/family accepts complete responsibilities for payment. All patients are responsible for notifying the Center immediately of any changes in their insurance policy and for obtaining insurance related referrals and/or authorizations.

If the services rendered are covered by Medicare, Medicaid, private insurance companies, or third party agencies, the Hearing Speech & Deaf Center will verify coverage and will assist the patient/family by completing the necessary forms. If payment is not received from a private insurance company within 90 days from the date of submission, the patient will be responsible for payment of the balance in full. The patient will be responsible for any additional expense incurred in the collection of their balance. These fees may include attorney and, or collection agency fees as well as court filing fees in the event that legal action is taken.

The Hearing Speech & Deaf Center does not deny services to any patient because of documented inability to pay the full cost of services. Persons wishing to apply for a reduced fee should contact the Speech/Audiology department secretary.

MEDICARE/PRIVATE INSURERS:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Where Medicare or private insurers do not fully cover services, the patient/family is responsible for the balance. We accept cash, check, MasterCard and Visa.

MEDICAID:

Medicaid recipients are required to bring their Medicaid card to each appointment. Medicaid pays for services that it determines to be reasonable and medically necessary.

The Hearing Speech & Deaf Center reserves the right to discontinue services for non-payment of fees.

I have read the above statement and understand the Hearing Speech & Deaf Center's policies regarding the payment of fees.

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Patient/ Guarantor/POA Signature

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Date

OP 6-2 Rev 12-31-04