



Financial Policy

Thank you for choosing Professional Hearing Solutions for your hearing healthcare needs. We are committed to giving you quality care. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

All patients must complete our "Case History Form" and "Notice of Privacy Practice" before seeing the Audiologist.

We accept cash, check, Visa, MasterCard, Discover and Care Credit.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We do, however, bill all primary insurance as a courtesy to our patients. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary by your insurance company. Each insurance company has their own method of determining how much they will pay on each claim. If your insurance has not paid your account in full within sixty days of billing, we will require the balance to be paid by you.

Our staff is committed to providing you with the best hearing healthcare and we have reserved time just for you. Patients who miss their appointment without notifying the office 24 hours prior to their scheduled time will be billed a \$25.00 missed appointment fee.

It is our office policy that any patient whose account is past due or in collections will be unable to receive services in our office until the account has been paid. This includes, but is not limited to testing, cleaning and servicing of hearing aids, and receiving batteries if on one of our free battery programs. When the account is paid in full, you are welcome to resume services with our office.

Signature of Patient or Responsible Party

Date

Professional Hearing Solutions, Inc. Witness

Date