



Office Policies

We are pleased that you chose us for your care. This information is provided so that our patients are fully informed of our policies. Please read and sign below.

Appointments:

Patients are seen by scheduled appointments. If you cannot keep your scheduled appointment, please call the office 24 hours in advance. Also, please arrive 15 minutes early to your scheduled appointment. For your convenience there are walk-in hours Mon-Fri from 1-2pm. This hour is primarily for hearing aid cleanings and small problems.

Late Arrival:

When we reserve time for you, we require all of that time to provide you with the best quality work possible. When you are late it decreases our ability to accomplish this. If you arrive **more than 10 minutes late**, your appointment may be rescheduled in order to meet the needs of those who are on time for their pre-reserved visit.

Fees:

Our fees reflect the level of care and the training of our audiologists. **Payment is due in full at time of service.** For your convenience, we take credit cards (Visa, MasterCard, Amex, Discover) checks and cash. Price for services are as follows:

- o Hearing Aid Cleanings: \$20.00 binaural \$10.00 monaural
- o Hearing Aid Programming OOW: \$50.00
- o Hearing Aid Repair OOW: \$275.00 < 5 years \$400.00 > 5 years
- o Wax Traps: \$5.00
- o Domes: \$10.00 o Batteries: \$5.00 per pack
- o Ear molds: \$90.00 per mold
- o Speakers: \$125.00

Assignment of Benefits:

At each visit patients are questioned about any changes in insurance coverage and the insurance cards and license are copied. This is crucial so that your visit is billed correctly. If your insurance company sends a payment directly to you, it is your responsibility to make payment to Marti Andrews Audiology.

Insurance:

Your policy is contracted between you and your insurance company. As a courtesy we bill your insurance carrier for hearing evaluations, hearing aids, and ear molds, but you are ultimately responsible for your entire bill. If your insurance company does not pay, we will expect payment from you. If your insurance plan determines a service is not covered, you will be responsible for the full charge. **Co-pays**, **deductibles** and **co-insurance** are required on the day of service.

Prompt Payment:

After your insurance provides payment, if there is any balance that is due from the patient, we will send you a bill as well as the statement of benefits. Payment is expected 30 days from the date bill received. If it is not paid a 2% interest charge will be added to your bill.

I have read and understand these financ	cial responsibilities.
---	------------------------

	_		
Signature of Patient/Legal Guardian	-	Date	