

ChEARS, Inc.
FINANCIAL POLICY

Thank you for choosing ChEARS as your hearing care provider. The following is a statement of our Financial Policy, which we ask all patients to read and sign.

INSURANCE

We can not guarantee you benefits or eligibility with your insurance plan. Your insurance plan is a contract between you and your insurance company.

Upon completion of our Patient Registration Form and your assignment of benefits, we will extend the benefit offered by your insurance company and file for reimbursement.

We will handle all the paperwork for you. All payments are expected at the time of visit for services not covered by your insurance plan.

If your insurance company pays only a portion of the total billed charges or denies the claim, an explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance company due to contractual status does not relieve you of the financial obligation of payment of total billed charges for the hearing aid(s). ChEARS will notify you if this occurs and we will request payment in full.

I have read the above and I understand and agree to the ChEARS Financial Policy. I authorize the release of any medical information necessary to process insurance claims and to comply with medical reviews and audits. I further authorize payment of my benefits be made to ChEARS, Inc. for services provided to me. I understand that the ultimate responsibility for payment of services remains mine.

_____ **Date** _____
Print Name of patient or responsible party

X _____
Signature of patient or responsible party

_____ **Date** _____
Print name of insured or Co-Responsible

X _____
Signature of insured or Co-Responsible

***A copy of this signature is valid as the original**

***Completion of this document pertains to today and all future visits.**