



Hearbright, an Audiology Corporation

Agility Hearing Care & Devices

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200 Jose Figueres Ave. #280
San Jose, CA 95116
Tel: (408) 937-8900

2081 Forest Ave Suite 4
San Jose, CA 95128
Tel: (408) 358-5123

Financial Agreement

For the services to be rendered by HearBright, An Audiology Corporation, I agree to accept full responsibility for my account. I understand that I may be eligible for certain health care coverage through a health plan (HMO, PPO) or insurance company. I agree to be financially responsible for all deductibles, co-payments, coinsurance and any other payments that maybe required by my health plan or insurance including Medicare and Medi-Cal. Should my account(s) be transferred to a collection agency, I further agree to pay collection fees and interest accrued at 1.5% per month for each month my account is past due. Should my account(s) be referred to an attorney for collection, I further agree to pay actual attorneys' fees and lawsuit-related expenses incurred in addition to other amounts due.

Patient's Name

Patient's Signature

Date

Print Name if Signing for Patient or Patient is a Minor

Signature if Signing for Patient or Patient is a Minor

Date

Acknowledgment

I wish to receive a copy of the HearBright's Notice of Privacy Practices.

I do not wish to have a copy of HearBright's Notice of Privacy Practices.

Date:

Signed:

Print Name:

If signing as a parent or guardian, please note the name of the patient: