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**ALLISON AUDIOLOGY
& HEARING AID CENTER, P.C.**
Your Hearing Experts

135 Oyster Creek Drive
Suite H
Lake Jackson, Texas 77566
979-292-8501
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FINANCIAL POLICY

Thank you for choosing Allison Audiology & Hearing Aid Center as your hearing healthcare provider. The following is a statement of our financial policy which we require that you read and acknowledge prior to any service.

Patients with participating insurance coverage:

All co-pays, deductibles, referrals, and/or pre-authorization numbers are expected at the time of service. Please be aware that even though we may be a participating provider in your insurance plan, all services may not be covered, depending on your plan of coverage. Therefore, verification of coverage does not mean payment in full, and is intended to serve as a guideline of coverage quoted by your insurance carrier prior to services rendered. While we follow these quoted guidelines provided by your insurance carrier, you may still be financially responsible for a portion of services (or all) when your claim is finalized, depending on your coverage. If coverage has been denied, you are responsible for payment in full at the time service. If there are questions regarding coverage, the patient and/or responsible party is encouraged to speak with their insurance provider prior to services being rendered.

Patients with non-participating insurance coverage:

For those with non-participating coverage, payment is due in full at the time of service. If we do not participate with your insurance carrier or are considered out-of-network providers, you are ultimately responsible for services. Verification of coverage is not a guarantee and is intended to serve as a guideline of coverage quoted by your insurance carrier. While we follow these quoted guidelines provided by your insurance carrier, you may still be financially responsible for a portion of services (or all) when your claim is finalized, depending on your coverage. After payment is received in full at the time of service, your insurance claim will be submitted. We will accept assignment of benefits and reimburse you, after payment from your insurance provider is received and the claim is finalized.

Minor Patients:

A legal guardian must accompany all minor patients. The legal guardian is responsible for payment.

We accept cash, check, Visa, Mastercard, American Express, and Discover.

****There is a \$35.00 charge for any returned check.****

Any appointment missed without a 24-hour notice will be subject to a \$25.00 fee.

X

Patient/Responsible Party Signature

Date