

NORTH SIDE AUDIOLOGY GROUP OFFICE POLICIES

Please read and initial after each policy.

Appointments:

It is the patient's responsibility to confirm if North Side Audiology Group is in network _____

The patient is responsible for knowing the policies of their insurance, such as co-pay, coinsurance, deductible, pre-existing conditions, policy exclusions, effective date, termination date, etc. _____

For HMO insurance policies, the patient is responsible for obtaining necessary referrals _____

Payment:

Co-pays and fees for office visit charges are due at the time of service _____

The duration of each appointment ranges from 1-2 hours. If you are late for your appointment, all the following patient appointments will be delayed. If you are going to be late for your appointment, please call to notify our office. In the event that you need to cancel or reschedule your appointment, we request a 24-hour notice. _____

Thank you.

Signature _____ Date _____