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## ASSIGNMENT OF BENEFITS/FINANCIAL POLICY

Thank you for choosing All Generations Audiology PLLC. Our primary mission is to deliver the best and most comprehensive hearing care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express®, Discover Card®
- Convenient Monthly Payment Options using the CareCredit healthcare credit card<sup>1</sup>
  - Allow you to pay over time
  - No annual fees or pre-payment penalties
- Insurance specified: Medicare, Medicaid, BCBS, Health Net, and others (please check for current list).

Please note:

All Generations Audiology PLLC requires payment.

We offer repairs for \$125-240+, cleaning for \$25+, batteries for \$4+ and adjustments for \$50+ (please check for current pricing).

For patients with insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your hearing aids.<sup>2</sup>

All Generations Audiology PLLC charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the hearing care you want and need.

### Financial Responsibility

I understand that insurance billing is a service provided as a courtesy and that I am at all times financially responsible to All Generations Audiology, PLLC and/or its affiliated entities for any charges not covered by health care benefits. It is my responsibility to notify All Generations Audiology, PLLC of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I am responsible for the entire bill or balance of the bill as determined All Generations Audiology, PLLC and/or my health care insurer if the submitted claims or any part of them are denied for payment. I understand that by signing this form that I am accepting financial responsibility as explained above for all payment for medical services and/or supplies received.

### Assignment of Benefits

I authorize direct remittance of payment of all insurance benefits, including Medicare, if I am a Medicare beneficiary, to All Generations Audiology, PLLC for all covered medical services and supplies provided to me during all courses of treatment and care provided All Generations Audiology, PLLC and /or its affiliated entities or otherwise at its direction. I understand and agree this Assignment of Benefits will have continuing authorization, maintained on file with All Generations Audiology, PLLC, which will authorize benefits for all subsequent and continuing treatment, services, supplies and/o care provided to me by All Generations Audiology, PLLC

### Authorization to Release Information

I authorize the release of any medical or any other information to the Health Care Financing Administration (HCFA), my insurance carrier(s), or other entity necessary to determine insurance benefits or the benefits payable for related medical services and/or supplies provided to by All Generations Audiology, PLLC. A copy of this authorization will be sent to the Health Care Financing Administration, my insurance carrier(s), or other medical entity, if requested. All Generations Audiology, PLLC, will keep the original authorization on file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship if not signed by patient (i.e. guardian, POA, etc.) \_\_\_\_\_

<sup>1</sup>Subject to credit approval

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your hearing aid(s).