

Hunterdon Audiology Associates

18 Commerce Street, Flemington, New Jersey 08822

T-(908) 806-7676--Fax-(908) 806-2228

Financial Policy

Please be advised that when you called to schedule your appointment, you were contacting a “specialty practice.” Hunterdon Audiology Associates (HAA) falls under the insurance category as “specialist” and both patient and HAA are subject to the policies of that portion of your insurance contract. If you are unsure as to whether you require our services, check with your primary care physician first. Once seen, patients are obligated to abide by our fees and policies.

It is your responsibility to bring **picture identification, all active insurance cards and appropriate scripts or referrals** with you for your visits. With these items you will be able to get the most from your coverage(s). **Without these items, we will have to reschedule your appointment or you may be subject to payment-in-full.**

All patients should **come prepared to pay their patient share. This may include co-pays, deductibles or self-pay portions.** Patients who are seen, regardless of the length of their appointment are contractually obligated to pay their co-pay. We are contractually obligated to collect the co-pay. It is your responsibility to know your insurance company’s patient responsibility and procedures.

All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefits in all contracts. Hearing aid consultation time (including counseling, selection, measurement, impressions), ear molds, hearing instruments, tinnitus devices, assistive listening devices, auditory training, tinnitus therapy, repairs, accessories, batteries, hearing aid checks, etc., **are often not covered by insurance. Please be aware that insurance companies do not guarantee the information they provide during phone inquiries. They require an actual claim submission before they make a determination.**

In case of divorce or separation, the parent/guardian who brings the child to the appointment is responsible for payment and for collecting from the other parent or attorney. We cannot get involved in your legal affairs.

If you have some financial issues that may affect your ability to pay, please communicate these concerns **before** services are rendered and/or products are dispensed. We will try our best to make mutually acceptable alternative arrangements.

If you do not understand any portion of this policy or have questions not covered here, please direct those questions to our patient care coordinator, (908) 806-7676.

We appreciate your cooperation and hope to avoid any confusion or misunderstandings.

PATIENT NAME: _____

(please print)

PATIENT/PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____