



Financial Liability

At Aurora Audiology LLC, we are committed to providing you with the best possible hearing healthcare. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. Our office accepts a variety of insurance plans. It is your responsibility to:

- 1. Bring you insurance card to every visit.
- 2. Be prepared to pay your co-pay or deductible at each visit. Payment can be made by cash, check, or credit card. For care not covered under your insurance, payment in full is due at the time of service.
- 3. If you do not present your insurance card(s) at the time of service, your account will be set to self-pay and you will be responsible for any charges that may arise.
- 4. If you have any questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (the number is usually on the back of the insurance card).
- 5. Our practice passionately believes that a good provider/patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to management.

| I | hank | you | tor ur | nderstan | ding our | Financial | Policy; | please | let us | know it | you | have any | questio | ns or |
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| С | conce | rns. | | | | | | | | | | | | |
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| PRINTED Patient Name: | DOB: | / | / |
|------------------------------------|-------|---|---|
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| Patient (or Authorized) Signature: | Date: | / | / |