

OUR COMMITMENT TO CARE

Thank you for choosing AURORA AUDIOLOGY as your hearing health care provider. Your understanding of our Financial Policy and payment for services are important for establishing a transparent clinic-patient relationship. For your convenience, this document discusses a few commonly asked financial policy questions.

All patients are required to read and acknowledge understanding of this policy, prior to services being rendered. Acknowledgement will be required annually or when there is a change to your insurance provider or this policy. If you need further information or assistance about any of these policies, please ask to speak with our business owner.

WHEN ARE PAYMENTS DUE?

All co-payments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with our business owner.

HOW CAN I PAY?

We accept payment by cash, check, VISA, and MasterCard. We will only accept post-dated checks when they are provided within an approved payment plan.

DO I NEED A REFERRAL OR PRE-AUTHORIZATION?

If your insurance plan requires a referral authorization from your primary care physician or a pre-authorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. If we have yet to receive authorization prior to your appointment time, we will reschedule. Failure to obtain the referral or preauthorization may result in a lower or no payment from the insurance company, and the balance will become the patient's responsibility.

WILL YOU BILL MY INSURANCE?

Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. We will bill your insurance company/companies on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary, secondary insurance, and any other insurances.

It is your responsibility to notify our office promptly of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the

payment to us immediately.

Your insurance company may offer an appeal procedure. We will not under any circumstances falsify or change a diagnosis or symptom to convince an insurer to pay for care that is not covered, nor do we delete or change the content in the record that may prevent services from being considered covered. We cannot offer services without expectation of payment, and if you receive non-covered services, you must agree to pay for these services if your insurance company does not. If you are unsure whether a service is covered by your plan, ultimately, it is your responsibility to call your insurance company to determine what your schedule of benefits allows, if a deductible applies, and your potential financial responsibility.

The patient or the patient's legal representative is ultimately responsible for all charges for services rendered. "Non-covered" means that a service will not be paid for under your insurance plan. If non-covered services are provided, you will be expected to pay for these services at the time they are provided or when you receive a statement or explanation of benefits (EOB) from your insurance provider denying payment.

WHICH PLANS DO YOU CONTRACT WITH?

Aurora Audiology accepts most major insurance plans.

We are in network with Medicare, Medicaid, and Tricare.

Note: Hearing device benefits are often unaffected by in or out of network status. As a courtesy, we will attempt to verify coverage with your insurance company/companies. However, with the frequent changes that happen in the insurance marketplace, it is recommended that you contact your insurance company prior to your appointment and verify coverage for any audiology-related services.

WHAT IF MY PLAN DOES NOT CONTRACT WITH YOU?

If we are not a provider under your insurance plan, you may be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, **and if not paid within 90 days, you will be responsible for the total bill.** After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

WHAT IS MY FINANCIAL RESPONSIBILITY FOR SERVICES?

It is your responsibility to verify that the providers and the practice where you are seeking treatment are listed as authorized providers under your insurance plan. Your employer or insurance company should be able to provide a current provider listing.

WHAT IF I DON'T HAVE INSURANCE?

Self-pay accounts are used for patients without insurance coverage, patients covered by insurance plans which the office does not accept, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. It is always the patient's responsibility to know if our office is participating in their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay in full for services rendered to them and will be asked to make payment arrangements prior to services being rendered.

At the sole discretion of the practice, extended payment arrangements may be made for patients. Please speak with our business owner to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and reasonable costs.

I RECEIVED A BILL EVEN THOUGH I HAVE MULTIPLE INSURANCES?

Having multiple insurance companies does not necessarily mean that your services are 100% covered. Secondary and tertiary insurance policies typically pay according to a coordination of benefits with the primary insurance.

DO YOU BILL OTHER THIRD PARTIES?

We do not bill third parties for services rendered to you. Our relationship is with you and not with the third-party liability insurer or policy carrier (e.g., auto or homeowner). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary, secondary, etc. health insurance carriers. You will be asked to pay in full for the services we provide you. All formalities required by your insurer and the third party should be promptly completed by you. If we receive a denial of your claim, you will be responsible for payment in full.

WHAT IF MY INSURANCE PAYS LATE?

As a courtesy to you, we bill your insurance company for services on your behalf. **If any insurance company fails to process payment for services within 90 days from the date of the submission of the claim, the total balance will be determined to be the patient's responsibility.**

WILL I RECEIVE STATEMENTS OR BILLS?

It is our policy that all accounts with pending balances be sent **three (3) statements via text and/or email**. If payment is not made on the account, a single phone call will be made

to try and make payment arrangements. **Accounts with unpaid balances for 90 calendar days may be subject to possible discharge from the practice.**

WHAT IF MY CHILD NEEDS TO RECEIVE SERVICES?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined previously.

DO YOU CHARGE A PENALTY FOR RETURNED PAYMENTS?

Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient. Returned checks, credit card chargebacks, or returned payments will attract a minimum \$35 penalty in addition to the balance owed. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

CAN YOU WAIVE MY COPAY?

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

I HAVE A HARDSHIP. HOW CAN YOU HELP ME?

Some patients may accrue large balances for services provided. At the sole discretion of the practice owner, we will work with you to set up a mutually feasible payment plan. In some cases, if the minimum payment due cannot be paid, we will need proof of financial hardship.

DO YOU BILL WORKER'S COMPENSATION?

We will bill workers' compensation for verified claims on a case-by-case basis. It is the patient's responsibility to provide our office staff with employer authorization and contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility.

At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.

WHAT IF I HAVE BILLING OR INSURANCE QUESTIONS?

Aurora Audiology is supported by a staff of dedicated professionals. Our owner, and designated office staff can assist with most financial questions and help relieve the patient/caregiver of burdensome paperwork. Please ask if you have any questions about our fees, our policies, or your responsibilities.