



AGREEMENT TO PAY

Thank you for choosing the Columbus Speech & Hearing Center as your provider of services. We are a nonprofit organization that has been serving Central Ohio since 1923. Fees are charged for the professional services rendered to the patient. The patient/responsible party does accept complete responsibility for payment.

- We are a contracted provider of your insurance: INSURANCE _____
 - You are expected to pay all deductibles, co-pays, co-insurance amounts and non-covered services at time of service. We will bill your insurance for all covered services.
 - You are responsible for payment in full if your insurance has not paid within 90 days of date of service. If your insurance makes a payment after that time, a refund will be sent to you.
 - You are responsible for payment in full if the claim is denied as a non-covered service, not medically necessary or if you did not obtain a referral or authorization as required by your insurance company.

- We are not a contracted provider of your insurance: INSURANCE _____
 - Full payment is expected at the time of service and we will submit a claim to your insurance company on your behalf.

- This is a self-pay (no insurance):
 - You are expected to pay at the time of service. Any other financial arrangement must be set up with the billing specialist before services begin.

- Notice of Exclusion from Medicare Benefits (NEMB).
 - Medicare does not pay for all health care costs, only for covered benefits.
 - Medicare will only cover one hearing test per lifetime and a referral from your doctor is required to bill this service.
 - The following services are provided by Columbus Speech and Hearing Center, but are **excluded** from Medicare benefits: hearing aids, hearing aid repairs, batteries, earmolds, hearing aid warranties, cerumen removal and/or consultation fees for hearing aid services.
 - Medicare does not pay for services provided to individuals who reside in a skilled nursing facility (SNF), unless furnished under arrangements of the SNF.
 - This is only a general summary of exclusions from Medicare benefits. It is not a legal document and the official Medicare program provisions are contained in relevant laws, regulations and rulings.

- Senior Options/ Aging Grant
 - All co-payments, cost of repairs, batteries and any other non-covered charges are the responsibility of the patient.

Patients are responsible for notifying the Center immediately of any changes in their insurance policy and for obtaining insurance related referrals and/or authorizations.

I have read and understand the Columbus Speech & Hearing Center’s policies as stated above. I understand that the Columbus Speech & Hearing Center cannot guarantee payment from insurance providers for services. Therefore, if my insurance provider denies payment, I agree to be fully responsible for payment.

Patient/Parent/Guardian Signature: _____ Date: _____

Patient Name Printed: _____ DOB: _____

We accept cash, personal check, VISA, MasterCard, and Discover & American Express.
The Columbus Speech & Hearing Center reserves the right to discontinue services for non-payment of fees.