



## 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 accepts 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 the 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 us within 90 days of the date of service. If your insurance makes a payment after that time, we will send you a refund.
- You are responsible for payment in full if the claim is denied as a non-covered service or as 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 & Hearing Center but are excluded from Medicare benefits: hearing aids, hearing aid repairs, batteries, earmolds, hearing aid warranties, cerumen removal and 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 the 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 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, Discover and American Express.*

*The Columbus Speech & Hearing Center reserves the right to discontinue services for nonpayment of fees.*