



## AGREEMENT TO PAY

Thank you for choosing the Columbus Speech & Hearing 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 and 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 the claim is denied as a non-covered service, as not medically necessary or if you did not obtain a referral/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 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's policies as stated above. I understand that the Columbus Speech & Hearing cannot guarantee payment from insurance providers for services. Therefore, if my insurance provider denies payment, I agree to be fully responsible for payment.

**\*\*To help prevent insurance fraud and identity theft. CSH must verify the identity of all clients and patients for billing and record-keeping purposes. All patients and clients must provide a copy of government issued ID as well as a copy of their current insurance card. Failure to provide an ID and/or insurance card may result in services being paused.\*\***

Patient/Parent/Guardian Signature: Patient \_\_\_\_\_

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

DOB: \_\_\_\_\_

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

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