

# Insurance Authorization and Financial Policy

Thanks you for choosing us as your audiology provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read, agree to and sign prior to testing or fitting of hearing aids.

**OFFICE SERVICES:** Responsibility for payment of your bill is your obligation regardless of insurance coverage. Insurance is filed as a courtesy to you. Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims. We want to make sure, however, that you understand payment for service is your responsibility. You will also be responsible for all non-covered services, amounts exceeding allowed charges, co-pays and deductibles, including Medicare. All co-pays are due at time of service.

**CASES INVOLVING LITIGATION:** We consider the patient, not the attorney, to be responsible for all fees.

**INSURANCE AUTHORIZATION:** I hereby authorize North Houston Hearing Solutions, LLC, to furnish information to my insurance carriers and physicians concerning my illness or treatment, or my child's illness or treatment.

I also acknowledge responsibility for payment of all medical fees regardless of any insurance I may have to assist me in this responsibility. If for any reason the account should become delinquent, I agree to pay all collection and legal fees. I have read, understood, and agree to the above Financial Policy.

**I have read and received a copy of Notice of Privacy Practices.**

Signature: .....

Date: .....



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