



Consent to Treat/Patient Financial Responsibility

CONSENT FOR CARE AND TREATMENT

I, the undersigned do hereby agree and give my consent for Indiana Ear to provide to the undersigned patient: audiology, medical services, and minor office procedures including but not limited to cerumen removal, paper patch placement, tube removal, and removal of a foreign body. This service is considered medically necessary and proper in the diagnosing or treatment of my audiology or other condition. I understand that my medication history will be downloaded from the Pharmacy Benefit Manager to aid in proper treatment plans and to optimize your care.

FINANACIAL POLICY STATEMENT

We bill your health insurance company as a courtesy to you. You are responsible for any co-pay or deductible at the time of service. We require that payment of your estimated share be made at the time of your appointment. In the event your insurance company requests a refund of payment or denies coverage for your service, you will be responsible for the balance due. Denials based on "Usual and Customary" will be your responsibility pursuant to any managed care contract in place. If payment is made to you for services provided by Indiana Ear, you are obligated to promptly pay for those services.

Pre-certification is not a guarantee of payment of benefits. Any questions regarding your insurance coverage needs to be directed your insurance carrier. You will be responsible for all fees incurred for collections of monies owed including collection agency fees and/or court costs.

NO SHOW FEES. An appointment that is cancelled within 24 hours of the appointment or the patient does not come to the appointment, there will be a \$50 no show fee assessed. The space that is schedule is reserved for you. When it is cancelled upon short notice, we are unable to fill the appointment time. This fee is not covered by insurance and will be the responsibility of the patient. If a surgery is cancelled within a week of the surgery date, a \$150 no show fee will be assessed. The nurse and schedulers work diligently to get precertification completed, pre-operative clearances, and coordinate with the surgical facility, along with other paperwork needed to be completed in advance of the surgery date. When a surgery is cancelled 5 business days prior or less of the surgery, we are unable to fill the surgical slot. Please be courteous and plan your time in advance. **THIS FEE IS NOT COVERED BY INSURANCE AND IS THE PATIENT'S RESPONSIBILITY.** Furthermore, if there are 3 consistent no shows, you will be given a 30 day notice of discharge from the practice.

FMLA AND DISABILITY PAPERWORK

The expenses associated with the completion of disability and FMLA paperwork are not covered by your insurance company. Charges apply for ALL disability and FMLA paperwork completed by our office. It is the patient's responsibility to provide our office with the paperwork that must be completed, due dates, and accurate fax numbers and/or mailing addresses for the paperwork destination. Our standard charge is \$20.00 per set of paperwork completed.

BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I hereby authorize release to my insurance company of all information necessary for the payment of benefits. I hereby assign payment of benefits by my insurance company or Medicare to Indiana Ear.

Patient Printed Name _____ DOB _____ Date _____

Patient/Representative Signature _____

Relationship to the Patient _____