Windsor Audiology
Hearing and Tinnitus Clinic

Leann Johnson, Au.D.
Board Certified Doctor of Audiology
Your Hearing Healthcare Journey
Begins Here

FINANCIAL POLICY

At Windsor Audiology we feel transparency is part of patient care. Therefore, it is our policy inform our patients up front of cost and benefits available to them.

"We ask that you realize that we do NOT work for your or anyone else's insurance company. Rather, we work 100% for our patients. We feel that insurance can be a great benefit for many patients and want you to know we will do everything in our power to ensure you get every benefit allotted in your insurance contract. We will also be completely transparent with our pricing and what benefits you have. However, the treatment we recommend and the fees we charge WILL ALWAYS BE BASED ON YOUR INDIVIDUAL NEEDS, NOT YOUR INSURANCE COVERAGE."

Please read and initial each of the following statements letting us know that you understand them. If you have questions regarding these statements, please let the staff know so we can help you understand them better.

_____ 1. You are responsible for all fees associated with the care you receive in our office. Payment for our services is due at the time of your visit unless other arrangements have been made in advance.

_____ 2. We will make every attempt to work with your insurance company to use all your allotted hearing benefits. We will perform a courtesy benefit check while you are in our office and will gather as much reliable information regarding your benefits as possible. However, it is ultimately your responsibility to know and understand your benefits and coverage. You are responsible for ALL Co-pays, deductibles, and non-covered fees that your insurance company deems patient responsibility. Should your claim be all or partially denied, we will submit one appeal on your behalf. If we do not receive payment from your insurance company within ninety days of claim or appeal submission, you will be responsible for the remaining balance due.

_____ 3. As stated above, we will make every reasonable attempt to collect your benefit from your insurance company. Once a final patient responsibility has been established, we will send you an invoice for your portion of the service. We expect payment within 30 days of receipt of your first invoice. After 60 days of non-payment we will add a rebilling fee of $20 and reissue your statement to the address and email on file. After 90 days of non-payment from the initial billing date we will proceed to send your bill to collections, you will be charged an additional rebilling fee of $20 dollars plus an additional 38% to the total bill submitted to collections. If further action is required you will also be responsible for all court costs, attorney fees, and collections charges.

_____ 4. Our office is not a Medicaid provider and if you have Medicaid as part of your insurance benefits please speak with our staff immediately.

_____ 5. I understand that Windsor Audiology offers credit options through Wells Fargo Financing and if I choose to use Wells Fargo that I follow the financial policy put forth by Wells Fargo as well as Windsor Audiology

I, (Please Print)_____ **Have fully read and understand Windsor Audiology's Financial Policy. I agree to the terms of this policy and that if I choose to opt out of this financial policy by not signing that Windsor Audiology has the right to refuse service to me.**

_____ _____

Signature of Patient, Parent or Legal Guardian if Patient is under 18 **Date**