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2800 Marcus Avenue, Suite 207, Lake Success, NY 11042 – (516) 622-3387
1100 Franklin Avenue, Suite 300, Garden City, NY 11530 – (516) 248-0068
333 East Shore Road, Suite 102, Manhasset, NY 11030 – (516) 466-0206
57 Southern Boulevard, Suite 4, Nesconset, NY 11767 – (631) 238-5785
640 Belle Terre Road, Building J4, Port Jefferson, NY 11777 – (631) 928-4599
994 Jericho Turnpike., Suite 203, Smithtown, NY 11787 – (631) 543-1059
1111 Montauk Highway, Suite 201, West Islip, NY 11795 – (631) 332-3274

FINANCIAL POLICY

Thank you for choosing Ear Works Audiology, P.C. as your hearing healthcare provider. The following is a statement of our financial policy which we require that you read and sign prior to any service.

Any patients must complete our information and insurance form before being seen.

FULL PAYMENT IS DUE AT TIME OF SERVICE UNLESS WE ARE
PARTICIPATING WITH YOUR INSURANCE CARRIER.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, AND DISCOVER.

****There will be a \$30.00 charge for any returned checks.**

Patients with participating Insurance coverage:

All co-pays, deductibles, referrals and/or pre-certification/authorization numbers are expected at the time of service. Please be aware that even though we may be a participating provider in your insurance plan, all services may not be covered. Therefore, verification of coverage does not mean payment in full. If your insurance company does claim that they provide 100% coverage of hearing aids, then you may be limited as to the level of technology that you may obtain.

Patients with non-participating Insurance coverage:

Where we do not participate with your insurance carrier or your insurance coverage has been denied, you are ultimately responsible for payment in full. Your insurance company is a contract between you and your insurance company. We are not a party to that contract. If you have out-of-network benefits, then you may request that we submit the billing to your insurance company. We then may choose to accept assignment of benefits upon verification of your insurance coverage. Please be aware that in cases where we accept what the insurance will pay there may still be co-pays and/or deductibles that you will be responsible to pay. If your insurance company has not paid your account in full within 45 days, you will be held responsible for the payment. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the terms of the policy.

Usual and Customary Rates:

Our practice is committed to providing the best service for our patients and we charge what usual and customary for our area. Where we are a participating provider and payment is provided for a hearing aid purchase, and then we are only able to provide you with the level of technology that is considered reasonable and customary by your insurance plan (which is usually entry level digital). Where we are a non-participating provider, you are responsible for payment regardless of your insurance company's determination of usual and customary rates.

Minor Patients:

A legal guardian must accompany all minor patients. The legal guardian is responsible for full payment.

Patients Signature: _____ Date: _____

Legal Guardian's Signature: _____