ATLAS AUDIOLOGY

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Medicare Patients Certification (Medicare Only)

I request payment of authorized Medicare benefits to be made to Atlas Audiology, PLLC. for any services rendered. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents and information needed to determine these benefits or related services to pay the claim. If there are any other insurance carriers, my signature authorizes releasing of information. In Medicare assigned cases, the provider agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible for only the deductible, coinsurance, and the non-covered services. Coinsurance and the deductible are based upon the charge determined by the Medicare carrier.

_____ _____/____/_____
Patient /Parent/Guardian Signature Date

Responsibility of Non-Covered Services

I have been informed that the services provided to me while I am a patient of Atlas Audiology, PLLC. are furnished only at my direction or at the direction of my hearing health care professional and that Atlas Audiology, PLLC. makes no representations concerning the medical necessity or reasonableness of such procedures or services. The decision as to the necessity or reasonableness of any procedure or service is made by the appropriate state medical program, insurance company, or its health insurance agent. I understand that I am responsible for payment for any procedure, service, or product which were provided to me at my request by my hearing health care professional and which are determined not to be reasonable and medically necessary as required by the appropriate government, or insurance medical program.

The undersigned patient recognizes that (he/she) remains financially responsible to Atlas Audiology, PLLC. for charges not paid or covered by said insurers. Each of the undersigned insureds also hereby authorize any overpayment to Atlas Audiology, PLLC. regarding this visit which would otherwise be payable to said undersigned to be applied and credited against any previous balance due Atlas Audiology, PLLC. for which said undersigned is the responsible party.

I irrevocably assign to Atlas Audiology, PLLC. all rights, title, and interest in benefits payable out of any third party action against any other person, entity, or insurance company, or out of recovery under the uninsured motorist provisions or the medical payment provision of any insurance policy (ies) or any other insurance policy (ies) under which I may be entitled.

I the undersigned guarantor, hereby guarantee full and prompt payment to Atlas Audiology, PLLC. of all charges made as a result of services rendered the above named patient during this visit. I agree to pay for said charges upon the failure of said patient, any responsible insurer

or any other person or firm to pay same when due. The patient is responsible for any legal or court costs required in the collection of any unpaid accounts.

_____ _____/____/_____
Patient /Parent/Guardian Signature Date

All Patients Please Read and Sign

Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims or accept responsibility for negotiating claims with your insurance company. As a courtesy, we will be happy to help you determine the coverage you have available.

I hereby assign all medical benefits to include major medical benefits to which I am entitled, private insurance, and any other health plans to Atlas Audiology, PLLC. A photocopy of my insurance card and a copy of my driver's license are to be considered as valid and original.

I am financially responsible for all charges whether or not paid by my insurance company.

I hereby authorize Atlas Audiology, PLLC. to release all information necessary to secure the payment. If insurance pays only a portion of the bill or fails to make payment to Atlas Audiology, PLLC. within 90 days, I will be responsible for payment of balance in full at that time.

_____ _____/____/_____
Patient /Parent/Guardian Signature Date