



NOTICE OF RESPONSIBILITY

Please read the following carefully before signing.

I understand that Premium Hearing Solution will file my insurance claim for me; however, this does not guarantee that my insurance will pay for any of the services and/or hearing aids in full, and I will be responsible for payment of any remaining balance due. I also understand that my insurance company may only pay for a customary hearing aid, which is a low-end, entry-level device, and any upgrade in hearing aid technology outside the covered customary range will result in upgrade charges that are the sole responsibility of the patient and not the insurance company. Therefore, any contractual write-offs by the patient's insurance company will still be the responsibility of the patient, especially when it comes to upgraded hearing aids.

I understand that if my insurance policy lists a required co-payment, I am responsible for payment of this amount at the time of service.

Most insurance companies do not offer benefits for the purchase of hearing aids; however, there are a few that do have hearing aid benefits. I understand that it is my responsibility to find out whether or not my insurance policy offers benefits for hearing aids. If it is determined that my insurance does not offer benefits for hearing aids, I understand that it is my responsibility to notify Premium Hearing Solutions PRIOR to the ordering of my hearing aids(s).

Premium Hearing Solutions accepts payment by cash, check, Visa, MasterCard, Discover, American Express and CareCredit. If other arrangements are necessary, I will discuss them with the office staff before I am seen by the audiologists.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENT:

Patient/Guardian Signature

Date