

**Aurora Audiology & Speech Associates, Inc.**  
**97 Hamburg Street, East Aurora, New York 14052**

**FINANCIAL POLICY**

**Your medical insurance is a contract between you and your insurance company. We can often help with providing information to help you in filing claims, but you are primarily responsible for any charges that you have incurred as a patient with Aurora Audiology & Speech.**

Copayments: ***All co-pays are due when services are rendered.*** If you are not prepared to pay your copayment, we reserve the right to reschedule your appointment.

Participating Insurance: If we are participating with your insurance we will submit your claim for you. Upon receipt of payment from your insurance, the remaining balance, deductible, or co-insurance will be your responsibility. The balance will be payable directly by you *within thirty days*.

Non-Participating Insurance: If we do not participate with your health insurance company, *we require the bill to be paid in full at the time of service.* The balance is your responsibility whether your insurance reimburses you or not. You will be responsible for filing your own claim (an itemized bill will be provided for you). Aurora Audiology does **not** participate with the following: Worker's Compensation, NYS Medicaid, Fidelis, No Fault Insurance (Automobile). This is not a full and conclusive list.

Returned Checks: There will be a \$15.00 charge for any check returned by your bank for any reason.

Missed Appointments and Late Cancellations: If you must cancel an appointment, please call at least 24 hours in advance. 24 hour notice is defined as one business day. Messages left over the weekend are not considered sufficient notice. Failure to cancel without 24 hour notice, or failure to call at all, will result in a \$25 fee. You are responsible for this fee; it will not be billed to insurance.

Non-covered Services: ***Any non-covered services are payable directly by you.*** Certain charges/services are *usually* not covered by health insurance. Generally, any charges related to the purchase or repair of hearing aids and hearing aid accessories (batteries, ear molds, etc.) are not reimbursable through health insurance. Most insurance policies do not cover cerumen (ear wax) removal. If you think your policy might offer a benefit, please discuss it with our office **prior** to your appointment.

Past Due Accounts: An account is considered past due if no payment is received within 30 days of the first account statement. A statement fee of \$5.00 will be added to each month after the first statement. Accounts beyond 60 days past due are considered delinquent and may be forwarded to a collection agency. A \$10 fee will be assessed on all accounts that are sent to a collection agency plus any fees associated with the collection process.

**My signature below indicates I have read and understand the above information**

**X**  
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**Patient Signature**

\_\_\_\_\_

**Date**