

CLIENT FINANCIAL RESPONSIBILITY DISCLOSURE STATEMENT

Your signature on the *Policies Agreement and Acknowledgement of Receipt* document forms a binding agreement between Hearing, Speech & Deaf Center (HSDC) and the Client who is receiving medical services, or the Responsible Party for minor clients (those clients under 18 years old). Responsible Party is the individual who is financially responsible for payment of medical bills.

Our Medical Insurance & Private Pay Policy

As a courtesy, HSDC will verify the Client's benefits and submit insurance claims to the insurance company. Plans vary significantly and as the Responsible Party, you are accountable if the insurance company declines to pay for any reason, and are ultimately responsible for non-covered services, co-pays, deductibles, and exhausted benefits.

- Most insurance companies approve a limited number of visits. Once these are used, HSDC must request more. A pause in therapy might occur if there is a delay in getting approval for more visits. In some cases, additional visits are denied and you will be responsible for your balance.
- Co-payment or same-day payments are due at the time of service.
- When HSDC receives an explanation of benefits (EOB) from your insurance company, any charges (e.g., Denied Service Coverage, Deductible, Co-Insurance) will be billed to you.
- Pay any additional amount owed within 15 days of receiving a statement from our office.

Client Responsibilities

- Verify that HSDC is a contracted provider with the Client's insurance company and understand their policy.
- Bring health insurance card and identification card/driver's license on the first visit so a copy can be made for HSDC files.
- Inform HSDC of the current address and phone number for the Client and the Responsible Party.
- Clients/Responsible Party are responsible for copayment, co-insurance/deductible or non-covered services.
- Provide any required referral or authorization.
- Notify HSDC with any changes in the Client's insurance policy or contact information.

Returned Check Policy

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker (RTM), the Client or the Client's Responsible Party will be responsible for the original check amount in addition to a \$ 25.00 Service Charge. Once notice is received of the returned check, HSDC will send out a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days from the letter date by the Client or the Responsible Party, the account may be turned over to our collection agency and a collection fee will be added to the outstanding balance—in addition to the \$25.00 check Service Charge.

Non-Payment on Account

Should collection proceedings or other legal action become necessary to collect an overdue account, the Client or the Client's Responsible Party understands that HSDC has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The Client, or Client's Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, interest due at 50%, all court costs and attorney fees, and a collection fee added to the outstanding balance. By signing below, you agree to accept full financial responsibility as a Client who is receiving medical services or as the Responsible Party for minor clients. Your signature on the *Policies Agreement and Acknowledgement of Receipt* form verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms

Method of Payment

HSDC accepts cash, checks (made payable to HSDC), and credit cards. Clients may also pay over the phone by contacting the Billing Department at clinicbilling@hsdc.org or at 206.388.1270.