

HEARING CENTER

OF BUCKS COUNTY

AUDIGY
CERTIFIED

OUR FINANCIAL POLICY

Brianna Casey, Au.D.

Doctor of Audiology

American Academy of Audiology - Fellow

Pennsylvania Academy of Audiology - Fellow

bcasey@

buckscountyhearing.com

Helen Wilson

Audiology Assistant

Registered Hearing Aid Fitter

hwilson@

buckscountyhearing.com

Thank you for choosing Hearing Center of Bucks County as your hearing health care provider. We are committed to your success. In this time of changing insurance requirements, we ask that you read and understand our financial policy.

Insurance: In order to bill your insurance for hearing diagnostic services, we must have a copy of your current insurance card(s). If you have an HMO insurance with which we are contracted, a proper referral is required from your Primary Care Physician. If you have a copay on your card, you will be responsible for paying that copay at the time of your visit. If you have not met your deductible, you will be billed and payment will be expected. You are responsible for payments if your insurance has lapsed in coverage or is not in effect at the time of service. If you have presented us with a health insurance card with which we are not contracted, we will be glad to assist in giving you the information that will allow you to be reimbursed from your insurance. The charge for each visit is expected at the time of your visit.

PLEASE NOTE: Your insurance coverage and benefits are a contract between you and your insurance company; therefore, all disputes must be handled between you and your insurance company.

Medicare patients are responsible for meeting their annual deductible and paying the 20% copayment. We do file with secondary/supplemental carriers. We must have a copy of your supplement insurance card as well as your Medicare card in order to do this.

Hearing Aid non-refundable fitting fee covers professional services provided during the consultation as well as correspondence related to the selection and fitting of a hearing aid. If an order is cancelled prior to delivery, the fee is calculated based on an \$80/hour rate for Helen Wilson and \$120/hour rate for Dr. Casey, capped at the \$150 amount stated on the PA State Disclosure Form.

Thank you for your understanding. Please let us know if you have any questions or concerns.

I have read the Financial Policy (above). I understand and agree to this Financial Policy.

900 W Trenton Ave
PO Box 46

Morrisville, PA 19067

P: 215.295.7126

F: 215.295.1403

2346 Trenton Rd, Ste E
Levittown, PA 19057

P: 215.945.6500

F: 215.945.6501

Signature of Patient or Responsible Party

Date

BucksCountyHearing.com

*Checks returned for Insufficient Funds will incur an additional charge of \$25.00 from this practice as well as repayment of any bank charges.