

Patient Information

Last Name: _____ First _____ : MI _____

Mailing Address: _____

City: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Written communication from our office may be by Email or Regular Mail

_____ Male _____ Female _____ Single ___ Married ___ Widowed

Patient SS#: _____ Birthdate: _____

(We request your SS# to assist with insurance filing. If there is a problem with your insurance we will need your social security number to correct the problem. If we do not have the number on file you will be responsible for the full bill and for filing your own insurance.)

Primary Care Physician: _____

May we send a report to your MD: Yes No

How were you referred to our office: _____

In Case of Emergency Contact:

Name: _____ Relationship _____ Phone Number: _____

Insurance Information

We will copy your insurance cards at the time of your visit.

If you do not have your insurance cards you will be expected to pay for the visit.

Co-Payments on due on the service date

Primary Insurance Company: _____

Secondary Insurance Company: _____

Subscriber (if other than patient) Information:

Name: _____ DOB: _____

SS#: _____

Assignment and Release:

I, the undersigned certify that I (or my dependent) have insurance coverage as listed above and assign directly to Dr. Maddock all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges not paid by my insurance. I hereby authorize Wilmington Hearing Specialists to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Date: _____

Signature _____

Office Financial Policy

As a courtesy to you we will file your insurance for you and allow you to assign those benefits directly to us. This policy reduces your out of pocket expenses.

It is understand and agreed that health insurance policies are an arrangement between the insurance carrier and the patient. This office will prepare any necessary reports and forms to assist in making collections from the insurance company and that any amount authorized to be paid directly to this office will be credited to the patient’s account upon receipt. It is clearly understand and agreed that all services rendered to are charged directly to the patient and the patient is personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Dr. Maddock is a participating providers with:

- | | |
|----------|---------------------------|
| Medicare | NCTEDP |
| Medicaid | Easter Seals |
| BCBS | United Health Care |
| Cigna | Department of Labor |
| MedCost | Vocational Rehabilitation |
| TriCare | |

Wilmington Hearing Specialists agrees to follow your insurance company’s guidelines and accept payment from those insurance companies as directed. All deductibles and co-payments are expected at the time of service. What you will receive from you insurance company is an Explanation of Benefits (EOB) and not a bill. As long as your insurance company pays their portion and your co-payment and deductible payment has been made, no further payments will be expected from you. If your insurance company has not paid your claim within ninety days of submission, you agree to take an active part in the recovery of your claim. If your insurance carrier has not paid your claim within one hundred and twenty days of submission, you accept responsibility for payment in full of any outstanding balance. If your insurance company is not one with which Dr. Maddock participates we will assist with the filing of your insurance but payment in full is expected at the time of your visit.

Medicare does not cover hearing aids. In the event that you have insurance that has hearing aid coverage our office manager will call your company to verify coverage. Your insurance company’s verbal statement that they cover hearing aids is not a guarantee of payment. We will file your insurance and work diligently to recover the amount that the insurance company promised to cover, however the portion of the hearing aid purchase that is not expected to be covered is due at the time of the fitting. Hearing aid coverage does not include follow-up services related to the hearing aid purchase.

Signature

Date