



Hillcrest Hospital
Atrium Medical Offices
6770 Mayfield Road,
Suite 441
Mayfield Heights, OH 44124

FINANCIAL POLICY

1. A photo I.D. may be requested upon checking in for your appointment.
2. We request you bring your current insurance card to each office visit.
3. Co-payments will be expected at the time of service.
4. If you do not have insurance, total payment is due at the time of service unless prior arrangements have been made.
5. Cosmetic procedures or other procedures not covered by insurance will require payment in full prior to the day of the procedure.
6. Our office accepts cash, checks, and all major credit cards (VISA, MasterCard, Discover, American Express). We also offer a payment assistance plan through Care Credit.
7. There will be a charge of \$30.00 for returned checks.
8. **If you miss an appointment without providing a 24-hour notice, you will be charged a \$25.00 No-Show fee**
9. Account balances are due within 30 days of final payment by your insurance company. In the event that your account is referred to our collection agency, your account will incur collection fees in addition to your account balance.
10. Balances or other account information will not be disclosed to anyone other than the patient.
11. Emergencies will be handled on a case by case basis.
12. It is the responsibility of the patient to secure a referral from the primary care provider. Patient will assume all financial responsibility for fees and charges incurred if referral is required and is not in place.

Name: _____

Signature: _____

Date: _____

****Please Note****

As a courtesy – certain hearing services such as hearing tests may not be covered by your insurance.

Coverage for hearing services vary with each insurance plan. Please check with your insurance company if you are unsure if you have coverage for hearing services. We recommend verifying this information with your insurance plan prior to having these services provided.