

Audiology Hearing Care Services, Inc.
1316 Rock Cliff Dr., Martinsburg, WV 25401
31 Willow Springs Drive, Suite 100, Charles Town, WV 25414

Advance Notice of Limited or No Insurance Coverage for State-of-the-Art Hearing Aid Instruments

Audiology Hearing Care Services, Inc. (AHCS) participates with many medical insurance companies. As a condition of participation with some insurance companies AHCS is required to accept, as payment in full, a reduced fee for many of its services and hearing aid instruments. This may create a problem when a patient chooses a ‘state-of-the-art’ hearing aid which costs more than what their medical insurance company allows AHCS to charge.

For obvious reasons, AHCS cannot provide state-of-the-art technology which costs more than what an insurance plan allows AHCS to charge.

You have been advised that your medical insurance company, **most likely**, will not pay the charges **in full** for a state-of-the-art hearing aid instrument. And that any estimate of your insurance benefit by AHCS, prior to filing a claim, is **only an estimate**. *Your insurance may pay more or less than the estimated amount and some insurance plans may not reimburse anything at all for hearing aids.*

In order for AHCS to comply with your request for upgraded hearing instrument technology, it is necessary for you to read, understand and sign a ‘Promissory Note’; whereby, you agree to pay the difference between what your medical insurance company allows AHCS to be reimbursed and AHCS’s charge for the upgraded hearing instrument you are requesting.

- I UNDERSTAND and AGREE with the above and I want to exercise my right to upgrade my hearing instrument to the technology that best meets my hearing needs.
- I RELEASE AHCS and my medical insurance company from any and all terms of their Agreement which might prevent me from obtaining a hearing instrument having higher technology.
- I AGREE and desire that AHCS balance bill me and I AGREE to pay any balance due.
- **I AGREE not to dispute any contradictory information provided by my medical insurance company (either in writing or verbally from a customer service representative) suggesting that I do not owe AHCS an additional ‘balance due’ amount and/or that AHCS cannot ‘balance bill’ me for the difference.**
- I am AWARE, and have been advised, that I may contact my medical insurance company to discuss this matter prior to signing this document and ‘Promissory Note’.

Print Full Name

Social Security (or Identification) Number

Signature

Date