Colorado Hearing Tinnitus and Balance

Alfred N. Carr, M.D. & Colorado Hearing Tinnitus and Balance

2030 Mountain View Avenue
Suite 500
Longmont, Colorado 80501

Kit Carson Memorial Hospital
286 16th Avenue
Burlington, Colorado 80807

Patient Financial Responsibility Disclosure Statement.

Your signature below forms a binding agreement between Alfred N. Carr, M.D. (ANC) and Colorado Hearing Tinnitus and Balance (CHTB- as providers of medical services) to the Patient who is receiving medical services, or the Responsible Part for minor patients (those patients under 18 years old). Responsible Party is the individual who is financially responsible for payment of medical bills.

All charges for services rendered are due and payable at the time of service.

Medical Insurance: We have contracts with many insurance companies, and we will bill them as a service to you. As the responsible party you are responsible if your insurance company declines to pay them for any reason.

Therapeutic, Lab, and X-Ray Office Procedures may NOT be a benefit according to insurance coverage. The following are typically NOT covered:

- ☐ Canalith Repositioning exercises
- ☐ Hearing Aids
- ☐ Allergy Shots
- ☐ Tinnitus Management
- ☐ Dixhallpike
- ☐ Hearing Aid Batteries
- ☐ Acoustic protection (ear or swim molds)

The person signing on behalf of the Patient as the Responsible Party must:

* Inform ANC and CHTB of the current address and phone number for the patient and the responsible party.
* Present all current insurance cards prior to each office visit.
* Verify at each visit that the information is current when signing our data (sign-in) sheet.
* Pay any required co-pay at the time of the visit.
* Pay any additional amount owing within 30 days of receiving a statement from our office. *(When ANC or CHTB receives an explanation of benefits (EOB) from your insurance company, any amounts that you need to pay will be billed to you.)*

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 (RFM), the patient or the Patient's Responsible Party will be responsible for the original check amount in addition to a $50 Service Charge. Once notice is received of the returned check, ANC or CHTB, 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 Patient 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 $50 Check Service Charge.

Non-Payment on Account:

Should collection proceeding or other legal action become necessary to collect an overdue account, the patient or the patient's Responsible Party, understands that ANC or CHTB has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient or the Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, interest due at 18% APR, all court costs and Attorney fees, and a collection fee will be added to the outstanding balance.

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services, or as the responsible party for minor patients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Signature of Patient or Patient's Representative | Print Name | Date

Alfred N. Carr, M.D. : 303 - 772 -3204
Colorado Hearing Tinnitus and Balance (Longmont) : 303 - 776 - 7770
Colorado Hearing Tinnitus and Balance (Burlington): 719 - 346 - 4722
Facsimile : 303 - 772 - 7043