ADVANCED HEARING SERVICES, INC.
FINANCIAL POLICY

This is an agreement between the Advanced Hearing Services, Inc., an affiliate of Otolaryngology Associates, as creditor, and the Patient/Debtor named on this form.

Payment Options: All balances are due at the time of service unless previous arrangements have been made with our Business Office. You may pay your out-of-pocket costs at the time of service by check, cash or credit card. Failure to make appropriate payments at the time of service may result in a service charge of $10. If you are unable to pay your full out-of-pocket costs at the time of service, you may make payment arrangements through our Business Office by calling 703-573-5979. These options include a payment plan not to exceed three months on amounts less than $250.00 and six months on amounts over $250.00. Automatic payments can be arranged via credit card.

Past Due Accounts: If at any time you have a balance due which is more than 90 days old and have not made appropriate payment arrangements with our Business Office, your account may be referred to an outside collection agency. If you have established a payment plan and default on the agreed upon plan, your account may be referred to an outside collection agency. If we have to refer your account to a collection agency, you agree to pay for all collection costs and attorney fees incurred. Further, you understand that if your account is submitted to a collection agency, or if your past due status is reported to a credit reporting agency, the fact that you receive treatment at our office may become a matter of public record. We will also notify your insurance carrier.

Divorce: The parent authorizing treatment for a child will be the parent responsible for the charges related to that care. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Forms & Medical Records: From time to time, various forms, including but not limited to, disability or FMLA forms need to be completed. There is a $10 fee to complete each form. There are also fees associated with the copying of medical records. Please inquire at the Front Desk by requesting a Medical Record Release Form.

Returned Check Fee: There is a fee of $25 for any checks returned by your bank.

Missed Appointment Fee: The second time a patient does not arrive on time for an appointment, or cancels with less than 24 hours notice, a missed appointment fee of $25 may be charged. This fee must be paid before a new appointment is scheduled. Patients with four or more missed appointments may be asked to transfer their records to another physician.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name:_____ Responsible Party:_____
(If not the patient)

Signature:_____ Date: _____

FinanPolicy0210.doc