

KEITH D. JORGENSEN, MD, PROF. ASSOC. and PROF. HEARING MANAGEMENT
44 BIRCH STREET, SUITE 304
DERRY, NH 03038

Financial Policy

Medical Insurance: We participate with and bill the following insurance companies: AARP, Aetna, Anthem, BCBS, Cigna, Fallon Health, Harvard Pilgrim Healthcare, Humana, Martin's Point, Maine Health Sense, Medicare, Medicaid, Meritain Health, MVP Healthcare, NH Health Plans, NH Healthy Families, Tricare, Tufts, United Healthcare and others. Please ask if you are not sure if we take your insurance.

We will make a reasonable effort to bill other insurance companies, but there may not be any benefits for services provided by our health care providers. It is your responsibility to contact your insurance company to determine if you have coverage, if your insurance is currently valid, and that you have prior approvals and referrals. Please be aware that if a procedure is necessary at the time of your office visit that it may be billed as a separate charge and not included in your office visit. Please ask prior to the procedure being performed if you are unsure if a procedure will be considered separate.

Managed Care Insurance: Our providers may need a referral from your primary care physician to provide services to patients with managed care insurance. Please contact your primary care physician for a referral authorization. If you do not have an authorization at the time of your appointment, you will need to accept responsibility for payment if your insurance denies the service. Some managed care plans allow you to obtain treatment without a referral, but sometimes when you choose this option it may increase your out of pocket expense.

Payment at the Time of Service: If you do not have medical insurance, or are involved in a liability case, such as a motor vehicle accident, payment in full is expected at the time of service. Payment plans may be available, please ask at the reception area. All co-pays are due at the time of service. Patients with balances outstanding for more than 60 days will be asked to make a payment toward the balance at the time of current service. We may apply any payment made at the time of service to your current account balance if it has been outstanding for more than 60 days.

Deposits and Fees: We require deposits or credit card information on file for certain procedures and equipment loans. A fee may be charged for no show scheduled procedures or if loaned equipment is not returned.

Payment Options: We currently accept cash, checks, debit cards, MasterCard, Visa, American Express and Discover, and CareCredit and Wells Fargo Health Card. A returned check fee may apply.

Collections: We may put any account overdue for more than 90 days into collections status.

Minors: If you bring a child/minor to be seen by our office, and consent to treatment for them, you are accepting full responsibility for any balance due for treatment or services.

I authorize assignment of insurance benefits to Keith D. Jorgensen M.D. Prof. Assoc. and Prof. Hearing Management for the purpose of payment towards services rendered by Keith D. Jorgensen M.D. PA and Prof. Hearing Management.

I understand and agree that, regardless of my insurance status, I am ultimately responsible for my account for any professional services rendered. I understand that it is my choice to have the services as provided, and that I am signing this form voluntarily.

I have read this Financial Policy and Verify that all the insurance and contact information that I have provided to Keith D. Jorgensen M.D. Prof. Assoc. and Prof. Hearing Management is true, accurate, and complete to the best of my knowledge.

Patient Printed Name _____ **Date of Birth:** _____

Patient/Parent/Guardian Signature _____ **Date:** _____