



Insurance Waiver

_____ (name of insurance company) does not fully cover all your health care costs. Your insurance company only provides covered benefits for specific items, services or procedures, standard or basic items or services and items or services at a negotiated rate defined by the insurance company. Some health care costs are more than the negotiated rate or allowable amount. Our team has concluded that your insurance plan does not fully cover the specific make, model and style of hearing aid(s) listed below. Therefore, if you choose to proceed, you will be responsible for the full payment of the specific hearing aid listed. Otherwise, due to the _____ contract restrictions, we cannot provide the specific make, model and style of hearing aid(s) listed below. Even if your insurance company does not cover a particular service, it does not mean that you should not receive it. You can decide whether or not to proceed with the specific item, service or procedure.

Your insurance company does not cover:

- Hearing aid(s) with costs that are more than the allowed or eligible benefit amount or negotiated rate. Your insurance company will not contractually allow us to let you pay the difference between the benefit/allowed amount and our usual and customary rate. The invoice cost of the upgraded hearing aid(s) and their corresponding service(s) exceeds the allowable amount from your insurer.

The make, model and style of the upgraded aid(s) you want to buy are: _____ .

The total cost of the upgraded hearing aid(s) and corresponding service(s) you want to receive: _____ .

Your insurance company will not pay for the above hearing aid(s) and their corresponding service(s) because:

- The invoice and corresponding fees for the hearing aid(s) and their related service(s) exceed what is allowed by your insurance company. Your insurer does not contractually permit the _____ to allow you to pay the difference in price between the allowable amount and our usual customary cost.

You might obtain a standard or more basic hearing aid and its corresponding services at no charge to you (except for applicable co-payments, co-insurance, unmet deductibles and noncovered services). _____ provided you with this option. Instead, you have chosen to privately purchase advanced or upgraded hearing aid(s) and their corresponding service(s).

This form’s purpose is to help you make an informed decision about whether or not you want to receive the upgraded hearing aid(s) and their corresponding service(s), knowing that you will have to pay for them in full. Before deciding, you should read this entire notice closely. Please ask us to explain any part of this document you do not understand.

PLEASE SELECT ONE OPTION BELOW AND ONLY CHECK ONE BOX.

- Yes, I wish to receive these upgraded hearing aid(s) and their corresponding service(s).

I understand that I am waiving my insurance coverage and benefits. _____ will not submit a claim to my insurance company for these specific items, procedures or services. By signing below, I also agree not to send a claim directly to the insurance company for the items and services listed above.

- No, I do not want to receive these upgraded hearing aid(s) and their corresponding service(s).

Patient’s Signature: _____ Date: _____

Patient’s Printed Name: _____