



INSURANCE WAIVER

I understand that my insurance covers for basic hearing aids and that the make, model and style of hearing aid(s) I have decided to purchase are not fully covered by my insurance plan. As a result, I opt to proceed with the purchase and I understand that I am financially responsible for payment in full for my hearing aids.

Hearing aid Make and model I choose to purchase: _____

I understand that my insurance does not pay for the hearing aids because the invoice and associated fees for hearing aid purchase and services exceeds the amount allowed by my insurance carrier.

I understand that my insurance does not allow Family Hearing Services to allow you to pay the difference in cost between the invoice amount and allowable amount.

I understand that I have the right to decide to purchase an entry level hearing aid that is covered by my insurance with no out of pocket expense to me, except for the applicable co-insurance or deductible.

PLEASE CHOOSE ONE OPTION BELOW:

Yes, I want to receive upgraded hearing aids and am financially responsible for payment in full for my hearing aid purchase. Family Hearing Services will not submit to the insurance for my hearing aid purchase.

No, I do not want to receive upgraded hearing aids

Patient signature: _____ Date: _____