

Advance Beneficiary Notice for Medicare Patients

Medicare will only pay for services that it determines to be “reasonable and necessary” under section 1862 (a) of the Medicare Law. If Medicare determines that a particular service, although it would be otherwise covered is “not reasonable and necessary” under Medicare program standards, Medicare will deny payment for that service.

The following services provided by Dr. Linda Gonya-Hartman, Au.D. And Debbie Frey, Au.D., are routinely not covered by Medicare:

- *Payment of office visit charges
- *Hearing aid clean and check visits*
- *Hearing aid repairs*
- *Deductible on lost hearing aid claim
- *Removal of impacted wax

Hearing aids under warranty, according to the terms of the warranty, are covered for these services

Beneficiary Agreement

I have been notified by Hearing & Ear Care Center that in my case, Medicare will deny payment for the services identified above. I understand that I am personally responsible for payment to Hearing & Ear Care Center if any of these services are provided to me.

Signed _____ Date _____

Patient Acknowledgement – Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

I have received and understand this practice’s Notice of Privacy Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual right, how I may exercise these right, and practice’s legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practice upon request.

Signature: _____ Date: _____

Relationship to patient (if signed by anyone other then patient) _____

Information May be Released to the following:

_____ Relationship: _____

_____ Relationship: _____

Information can be left on answering machine ___ Yes ___ No