

Patient Upgrade Agreement



AUDIBEL

Patient Name: _____ Date: _____

Office: _____ Insurance Company/Payer: _____

- By signing this Patient Upgrade Agreement, I acknowledge and agree to the following:
- My insurance company (listed above) may only pay for items or services determined to be medically reasonable and necessary under their applicable policies.
- My insurance company may only pay for the "Price of the Standard Base Unit(s)" as defined below.
- To my knowledge, my insurance company does not prohibit me from upgrading to more advanced hearing aid(s).
- If my insurance company determines that a particular product or service is not medically necessary or determined to be a "deluxe" or "upgraded" item under their applicable policies, it may make payment only for the Price of the Standard Base Unit(s) or deny _____ payment altogether.
- I acknowledge these terms and choose to purchase "deluxe" or "upgraded" hearing aid(s) and will pay the Upgrade Charge as defined and calculated below.

Cost of "deluxe" or "upgraded" hearing aid(s): \$ _____ (Total Purchase Price)

Cost of the offered "standard" hearing aid(s): \$ _____ (Base Unit(s) Price)

I agree to pay the following Upgrade Charge: \$ _____ (Upgrade Charge = Total Price – Base Price)

Beneficiary Agreement to Pay:

Audibel has notified me that my insurance company may make a partial payment or no payment at all for the items, services and supplies identified above. I acknowledge that I am voluntarily choosing to purchase deluxe or upgraded hearing aids. I understand that I could alternatively receive a standard / basic hearing aid(s) with no out-of-pocket expense to me, except for any applicable co-insurance, deductible and/or coverage limit.

I acknowledge that I must pay the Upgrade Charge, in full, prior to receiving my hearing aid(s). If my insurance company denies payment altogether I will be responsible to pay to Northland the Total Purchase Price listed above.

In addition to the Upgrade Charge, I agree to pay all applicable co-insurance, deductibles, and coverage limits according to the Explanation of Benefits for the standard hearing aid(s). By choosing to upgrade, I understand and agree to pay the Upgrade Charge regardless of (i) whether my Explanation of Benefits describes this amount as a contractual adjustment or (ii) the amount that appears as member/patient responsibility on the Explanation of Benefits received from my insurance company.

Patient's Signature: _____ Date of Signature: _____