

Service Agreement 3rd Party Upgrade

Adopted Patient



AUDIBEL

Patient Name: _____ Cycle ID#: _____

HEARING AIDS

LEFT

RIGHT

Make & Model: _____

Serial #: _____

SERVICE AGREEMENT

For the above-mentioned patient and hearing aid(s), the service plan selected below will be provided:

Adopted Patient Plan

- VIP Service:** Full Service Plan, Therapy Plan, Maintenance Plan, and VIP Discounts
- Preferred Service:** Full Service Plan
- Basic Service:** Limited Service Plan

The service period begins on: _____ and ends on: _____

SERVICE UPGRADE AGREEMENT (Applicable to third-party patients only):

- My third-party program company may only pay for items or services determined to be medically reasonable and necessary under their applicable policies.
- To my knowledge, my third-party program does not prohibit me from upgrading to more advanced treatment.
- If my third-party program determines that a particular service is not medically necessary or determined to be a "deluxe" or "upgraded" service under their applicable policies, it may make payment only for the price of the limited-service Basic Plan or deny payment altogether.
- I acknowledge these terms and choose to purchase the "deluxe" or "upgraded" service plan and will pay the upgrade charge as defined and calculated below:
 - Cost of the "deluxe" or "upgraded" Service Plan: _____ (Service Plan Price)
 - Number of years purchased: _____ (Number of years of Plan)
 - I agree to pay the following Upgrade Charge: _____ (Upgrade Charge = Service plan price x Number of years)

Audibel has notified me that my third-party program may only cover a defined amount of follow-up visits with limited service. I acknowledge that I am voluntarily choosing to purchase deluxe or upgraded service. I understand that I could alternatively receive limited service with a set amount of follow-up visits with no out-of-pocket expense to me, except for any applicable co-insurance, deductible, and/or coverage limits. I acknowledge I must pay the upgrade charge in full. I elect to purchase service directly from the clinic and forego my insurance or third party benefit. I understand I am unable to be reimbursed for this purchase through my insurance plan.

By choosing to upgrade, I understand that I am entering a private agreement outside of the benefits offered by my third-party program 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 or (iii) the terms and follow-up care specified by my third-party program. By signing this agreement, I acknowledge and agree to the above listed terms.

Patient Signature: _____ Date: _____

Initial For optimal performance, hearing aids require ongoing in-office care and maintenance provided by a hearing healthcare professional. I am choosing to decline the above service plan offerings and agree to pay charges on the service summary for services rendered at future visits.

Date: _____