

“Adopted” Patient Hearing Device Policy

Obtained/Purchased Devices Elsewhere

- We will welcome seeing patients who have purchased hearing aids elsewhere.
- We are unable to adjust Costco, Miracle Ear, Audibel, and Audigy devices because their devices are “locked” to outside adjustments.
- Patients can assist us in obtaining their previous hearing tests and hearing aid programming information.
- All “adopted patients” will read and sign our “statement of understanding”
- Charges are coded as a HA consultation or HA check on the superbill/charge slip; insurances consider these services non-covered, so payment for service/appointment time will be due at time of appointment.

From Local Competitors

- We will see patients who have obtained devices from our local competitors. This can include VA patients.
- First visit will have an “adoption” charge of \$150 for up to one hour, and include 1 additional follow-up within 1 year.
- Successive visits will be charged at \$75 per half hour.
- Additional ear mold, repair, and diagnostic charges will apply.
- The audiologist retains the right to turn away the patient if aspects of the case seem untenable or problematic.

Moved Here from Outside the Area

- The charge for the first “adoption visit” will be \$50 per half hour or \$100 per hour, and include 1 additional follow-up within 1 year.
- Repairs and shipping/handling costs, warranties to be claimed, diagnostics performed will be billed additional at our customary charges.
- Additional return visits are again charged at a rate of \$50 per half hour. This includes repair delivery/dispensing.

Hearing Aid Services Agreement: Statement of Understanding

I, _____, agree that I am asking _____, a LTHAA audiologist to evaluate and review my hearing aid amplification system (monaural or binaural) which was fit and purchased elsewhere at _____. I will pay for the initial “adoption” appointment and consultation of up to 60 minutes in duration, including one complimentary follow-up. I will be charged separately (and in addition to the adoption fee) for hearing tests, repairs, warranty, services, etc. I will also pay for any and all return or follow-up appointments after included adoption visit + 1 follow-up.

I understand that _____ will apply his/her expertise and best efforts in order to evaluate or improve my current devices as best as practicable in the audiologist's opinion. I recognize that the LTHAA audiologist did not select the hearing aid technology, ear coupling design, or device shape and style, and is perhaps dealing with choices made by a previous dispenser that may not be the preference of your LTHAA audiologist. I will not hold LTHAA responsible for my satisfaction of the outcome arising from their efforts to evaluate and/or improve my existing hearing aid status. I understand that I am paying for their time and their services in an attempt to help me with my hearing aids that were designed, programmed, and purchased elsewhere.

Patient signature: _____

Date: _____

Audiologist: _____

Date: _____