

Mailing Address:

235 Martin Luther King Jr. Way, MSC 4304
Harrisonburg, VA 22807

Physical Address:

235 Martin Luther King Jr. Way
Harrisonburg, VA 22807

ACKNOWLEDGEMENTS

INFORMATION SYSTEM and MEDICAL RECORDS MANAGEMENT

- James Madison University Audiology Clinic uses a computerized system for billing. All information is handled in a secure and confidential manner.
- Rights guaranteed by the *Privacy Protection Act of Virginia* are fully protected. For further information regarding how you and your child's/legal charge's healthcare information may be used, see the *Notice of Privacy Practices*.
- Medical records of children are destroyed when the client reaches age 23, or ten years after the last date of contact, whichever comes later, in accordance with the Code of Virginia (§42.1-77 and 42.1-79).

SERVICES

Fees:

- Fees for services are listed on the fee schedule or can be obtained by contacting the billing office (568-6491).

Payment:

- Services that are provided to individuals covered by health plans for which JMUAC is a participating provider will be billed directly to the insurance companies (see provider list).
- Services provided to individuals that are NOT covered by health plans for which JMUAC is a participating provider will be billed directly to the guarantor for payment to JMUAC. A statement will be provided that can be submitted to individual insurance providers for reimbursement.
- It is not guaranteed that services will be covered by insurance.
- All co-pays, deductibles, and/or fees denied by insurance providers are the responsibility of the guarantor.
- We accept cash, checks and credit card payment.
- A penalty charge of up to 5% may be added for past due accounts. If debt set-off is requested, the Department of Taxation will take what you owe JMUAC out of your state tax refund or lottery winnings. In the event that your account remains unpaid after being sent to collections, the account may be forwarded to the Attorney General's office for prosecution; there will be an additional 30% legal fee at that point.

Cancellations/"No Shows":

- If more than two appointments are missed without notice ("no show") or cancelled without at least 24 hour notice, JMUAC will charge a \$50 fee. Insurance companies do not reimburse for these fees.

Please sign below acknowledging that you understand the above information and that you have received a copy of this form.

- I certify that an explanation of services and charges, the program information system, and medical records management has been given to me.
- I certify that the information I have provided is a true and complete statement according to my best knowledge and belief. If I give false information, withhold information, or fail to report changes promptly, I will be breaking the law and can be prosecuted and/or have services discontinued.
- I understand that I am responsible for paying my bill and that there may be a penalty if I do not pay on time.

Client Information

Name: _____ Date of Birth: _____ SSN: _____

Guarantor Information:

Name: _____ Relationship to Client: _____

Mailing Address: _____ City: _____ State/Zip: _____

Phone: _____

_____-_____-_____/_____/_____
Guarantor's SS # Guarantor's Date of Birth Guarantor Signature Date