



HEARBRIGHT
HEARING WITH CARE

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Fax: (408) 937-8902

2081 Forest Ave. # 280
San Jose, CA 95124
Tel: (408) 358-5123
Fax: (408) 358-5193

Financial Agreement

For the services to be rendered by HearBright, An Audiology Corporation, I agree to accept full responsibility for my account. I understand that I may be eligible for certain health care coverage through a health plan (HMO, PPO) or insurance company. I agree to be financially responsible for all deductibles, co-payments, coinsurance and any other payments that maybe required by my health plan or insurance including Medicare and Medi-Cal. Should my account(s) be transferred to a collection agency, I further agree to pay collection fees and interest accrued at 1.5% per month for each month my account is past due. Should my account(s) be referred to an attorney for collection, I further agree to pay actual attorneys' fees and lawsuit-related expenses incurred in addition to other amounts due.

I understand that HearBright is paperless and I will receive an invoice via email or/and text message.

Email, please provide email: _____

Text message, please provide cellphone number: _____

Patient's Name

Patient's Signature

Date

Acknowledgment

I wish to receive a copy of the HearBright's Notice of Privacy Practices.

I do not wish to have a copy of HearBright's Notice of Privacy Practices.

Patient's Name

Patient's Signature

Date

If signing for patient or if patient is a minor:

Full Name: _____ Relationship to Patient: _____