



## **Cochlear Implant Program Appointment Commitment Agreement**

To all new cochlear patients and patients needing therapy for hearing aid use:

As you know, having state of the art hearing technology requires life-long specialized management. This places great demands on the patients and parents, but also upon the implant center and therapists. After you receive a cochlear implant you will be coming to our office for numerous programming sessions and attending either short-term or long-term therapy. The same therapy requirements are needed for certain patients who are fitted with hearing aids.

Due to the personnel resources needed to provide this complex care, it is imperative that our patients be very faithful in keeping their scheduled appointments. We understand that unforeseen events occur that require last minute cancellations of appointments. However, the implant center and therapists cannot be expected to bear the financial loss that occurs when this reserved appointment time goes unutilized.

It is very important that you not make appointments for programming or commit to a regular therapy time unless you know that you can keep that commitment. Take a careful inventory of your schedule before reserving time in our schedules. Once you have made your commitment to a particular time for programming or therapy, consider that time non-negotiable and do not cancel.

In order to ensure your commitment to reserving our time to provide these critical services, we are informing you up front that you will be billed for programming and therapy sessions that are cancelled by you with less than 2 business days notice, except in the event of true emergency. This is a charge that your insurance company, Medicare or Medicaid will not cover. Payment of \$100 per hour missed will be due prior to your next therapy or programming session. Frequent emergencies and frequent requests to reschedule your session may result in the loss of your preferred therapy time.

Thank you very much for your cooperation. This will enable us to maintain our commitment to you.

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Signature of person financially responsible

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Date