

ACKNOWLEDGEMENT OF RECEIPT OF POLICIES AND PROCEDURES

By signing below, I acknowledge that I have received a copy of Audiology Specialists, LLC Policies and Procedures. These Policies and Procedures provide a clear outline of what you can expect your financial obligations will be at the time of service.

We encourage you to read the Policies and Procedures in full.

Printed Name of Patient or Personal Representative

Date

Signature of Patient or Personal Representative

Date