

**PROFESSIONAL HEARING SERVICES**  
**The Dizziness and Balance Center**

6231 Leesburg Pike, Suite 512, Falls Church, VA 22044 (703) 536-1666  
150 Elden Street, Suite 235, Herndon, VA 20170 (703) 707-0002  
8644 Sudley Road, Suite 114, Manassas, VA 20110 (703) 330-6636  
8314-C Traford Lane, Springfield, VA 22153 (703) 569-0355

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Insurance Co.:** \_\_\_\_\_

Thank you for choosing us as your hearing health care provider. We are committed to conscientious as well as comprehensive health care. The following is a summary of our payment policies. We ask that you **read the entire notice carefully** and acknowledge that you agree to receive these services by signing this document prior to any treatment. We will gladly answer any questions you may have.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS YOU ARE COVERED UNDER ONE OF THE INSURANCE CARRIERS WITH WHICH WE PARTICIPATE. We accept payment of cash, checks, and Visa/Master Card/Discover. Deductibles and insurance co-payments are due at the time of service.

As a courtesy, Professional Hearing Services/Dizziness and Balance Center will submit the charges for your services to your insurance carrier on a one-time basis. You are responsible for any outstanding or unpaid balance not covered by your insurance carrier.

| <u>Services to be provided:</u>  | <u>Procedure Code (CPT)</u> | <u>Fees (estimate)</u> |
|--|-----------------------------|------------------------|
| <input type="checkbox"/> Dynamic Computerized Posturography (EQ)                 | 92548                       | \$ 280.00              |
| <input type="checkbox"/> Platform Pressure Test                                  | 92700                       | \$ 175.00              |
| <input type="checkbox"/> Electrocochleography (ECOG)                             | 92584                       | \$ 385.00              |
| <input type="checkbox"/> Vestibular Evoked Myogenic Potentials (VEMP)            | 92585                       | \$385.00               |
| <input type="checkbox"/> Canalith Repositioning<br>Maneuver (CRM)                | 92541, 92547, 95992         | \$ 276.00              |
| <input type="checkbox"/> Vestibular Autorotation<br>Testing (VAT)                | 92546, 92547                | \$ 230.00              |
| <input type="checkbox"/> Cochlear Hydrops Analysis Masking<br>Procedure (CHAMPS) | 92585                       | \$ 395.00              |
| <input type="checkbox"/> Infra Red Fistula                                       | 92541, 92547, 92700         | \$ 300.00              |
| <input type="checkbox"/> Infra Red Vibration Test<br>(Tullio's)                  | 92541, 92547, 92700         | \$ 310.00              |

**Please choose ONE option below:**

**YES. I want to receive these services.** I understand that Professional Hearing Services may bill me for the provided services that are not covered by my insurance carrier, and that I am fully responsible for all unpaid charges.

**NO. I choose not to receive these services at this time.**

\_\_\_\_\_  
Signature (patient or responsible person)

\_\_\_\_\_  
Date (revised 6/1/11KT)