

REM Audiology Associates P.C.



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Dear Patient/Parent:

On behalf of the REM Audiology Assoc. Billing Department, we would like to inform you on our policy regarding returned checks, which was put into effect on 11/01/2008.

We charge a \$25.00 Return Check Fee. You will **only** be charged this fee if you have a check that is returned to us because of "Non-Sufficient Funds". This fee will be applied to any services you receive and pay for at our office if we receive your check return to us by our bank.

For example: You pay with check #1234 for an insurance copay of \$30 and we receive this check back from our bank – You will now be responsible for paying the \$30 copay and a \$25 return check fee, for a total of \$55. We do accept major credit cards, such as Visa, MasterCard, Discover, and American Express.

Please sign and date below that you have fully read this agreement and are in full cooperation of this new policy. Please return this form to our front office professional before leaving the office. If in the future you have any questions regarding billing, you may contact our billing department at 856-627-4402 and ask for Connie.

We would like to take the opportunity to thank you in advance for your cooperation.

REM Audiology Assoc. P.C.
Billing Department

Parent/Patient Signature: _____ Date: _____

Artisans Building
8100 Roosevelt Blvd. Suite 103
Philadelphia, PA 19152
Phone: 215-535-5598
Fax: 215-535-4208

Glendale Executive Campus
1000 White Horse Rd. #510
Voorhees, NJ 08043
Phone: 856-627-4400
Fax: 856-627-4401

Elmwood Business Center
775 Route 70 East suite F120B
Marlton, NJ 08053
Phone: 856-797-1414
Fax: 856-810-0056

Updated 09/01/2017