



MONTCLAIR STATE UNIVERSITY

Center for Audiology and Speech-Language Pathology
1515 Broad Street, Bldg B, 2nd Floor Bloomfield, NJ 07003
Email: csdclinic@montclair.edu Voice (973) 655-3934

POLICY ON SERVICES AND BILLING FOR MEDICARE PATIENTS

I, _____ do hereby authorize the Center for Audiology and Speech Language Pathology to bill Medicare for all eligible services rendered at this facility. I understand that services not eligible for Medicare coverage will be charged to me at the standard clinical fee(s).

In addition, I understand that for Medicare to be billed, I must present the proper documentation (Medicare Card, supplemental insurance card (if applicable) and prescription from my doctor for a hearing evaluation.)

Signature: _____ Date: _____