



Dear \_\_\_\_\_

Date \_\_\_\_\_

Thank you for choosing **Dr. Abraham Jacob and Center for Neurosciences (CNS)** for your hearing healthcare! This letter breaks down a good faith estimate of costs associated with the **Ototronix Maxum Semi-Implantable Hearing System**.

#### **Pre-Screening for Candidacy**

A comprehensive audiogram performed by Ear & Hearing (E&H) personnel at Center for Neurosciences (CNS) as well as a consultation with Dr. Jacob are **two of 3 requirements** that establish candidacy for Maxum.

The consultation with Dr. Jacob is **private-pay** and we do NOT bill your insurance company for the consultation; therefore, a Center for Neurosciences representative typically collects a **\$500** consultation fee *prior* to seeing Dr. Jacob. That representative will also collect **\$200** for obtaining a comprehensive audiogram at CNS.

Since many of our Maxum patients travel for care, we will make every effort to schedule your visit with Dr. Jacob and your comprehensive audiogram on the same day.

*If* testing and consultation with Dr. Jacob establish that you are a *likely* candidate for Maxum, a deep ear mold impression is required as the **3<sup>rd</sup> and final step for candidacy**. This is performed by an Audiologist, either at our facility or at an outside referral facility. The ear mold impression is sent to Ototronix, where the company makes the final determination for candidacy.

Once all candidacy criteria are met, you can elect to schedule surgery.

#### **Breakdown of Costs Related to Surgery and Aftercare:**

***All* costs related to surgery and postoperative care is **private pay** and **NOT billed to your insurance company**.**

Maxum Implantable Hearing System (device cost without markup)	\$ TBD
Operating Room and Recovery Room (including CO2 laser)	\$ 3,500.00
Surgeon Fee + One Postoperative Visit with Dr. Jacob 4-6 Weeks After Surgery	\$ 2,750.00
Anesthesia	<u>\$ 1,250.00</u>
Total	\$ TBD

Audiology Fees \$ 300.00/Per Visit

If you elect to proceed with surgery, total charges will be collected at the time of scheduling the operation. There is a **\$1,500** non-refundable fee for canceling your procedure for any reason. Please note that the above breakdown of costs **does not apply to revision surgery of any kind**.

**We accept all major credit cards, cashier's checks, or cash. Cashier's checks should be made out to "Center for Neurosciences."** *All financial questions* should be directed to the CNS Business Office (520) 795-7750.

Dr. Jacob and his clinic staff will only handle questions related to your *clinical care*.

Sincerely,

Business Office /Center for Neurosciences



**Maxum Semi-Implantable Hearing System Patients**

I have read, understand and agree to the contents of the letter above and agree that I will be liable for payment for services rendered by Dr. Jacob, the Center for Neurosciences, and Tucson Medical Center.

MY SIGNATURE BELOW ACKNOWLEDGES THAT:

- a. I have read (or had read/translated to me), understand and agree to the statements set forth in the above letter. I certify that there were no barriers to effective communication.
- b. A physician or physician's representative has explained to me all information referred to in the above letter. I have had an opportunity to ask questions and my questions have been answered to my satisfaction.
- c. No guarantees or assurances concerning the results of the surgery have been made.
- d. I am signing this consent voluntarily. I am not signing due to any threat, coercion, offer of payment or other influence.

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Patient Name (print and sign)

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Date

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Witness Name (print and sign)

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Date

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Physician or Representative (print and sign)

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Date