



**EAR & HEARING**  
Otolology | Neurootology | Audiology

Dear \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing **Dr. Abraham Jacob, Center for Neurosciences (CNS)**, and **Tucson Medical Center (TMC)** for your ear and hearing healthcare! This letter breaks down a good faith estimate of costs associated with **Implantation of an Osteointegrating Device without Mastoidectomy – BAHA Attract – from Cochlear Americas.**

**The Office Consultation**

If your insurance company is contracted with CNS, we will bill your insurance for initial consultation with Dr. Jacob as well as any in-office procedures required as part of that visit. Copays, deductibles, and coinsurance will be collected at the time of visit.

If your insurance company is NOT contracted with CNS, Center for Neurosciences will collect a **\$300** consultation fee prior to seeing Dr. Jacob. **A credit card, cashier’s check, or cash are acceptable for payment. Unfortunately we cannot accept personal checks.**

**Surgical and Postoperative Care**

All charges listed below are **self-pay**; CNS and TMC do not bill your insurance company as the surgical parts are not usually covered by insurance. A signed waiver of insurance benefits will be obtained by CNS prior to the surgery date since it is not often a covered benefit.

<b>BAHA Connect Implant obtained from Cochlear Americas</b>	<b>\$ 5,103.00</b>
<b>Tucson Medical Center Operating Room and Recovery Room Fees</b>	<b>\$ 2,500.00</b>
<b>Surgeon Fee + one postoperative office visit with CNS Staff</b>	<b>\$ 2,200.00</b>
<b>Anesthesia Fee</b>	<b>\$ 850.00</b>
<b>Audiology Fee for Device Activation</b>	<b>\$ 350.00</b>
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	<b>\$11,003.00</b>

After initial consultation with Dr. Jacob, **payment of \$11,003.00** will be collected if you elect to **schedule** surgery. If you elect to cancel surgery after it has been scheduled, \$1,000 is retained by CNS as a cancellation fee and the rest will be refunded. Please note that the above breakdown of costs **does not apply to revision surgery.**

**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 **medical care.**

Sincerely,

The Center for Neurosciences



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**BAHA Attract from Cochlear Americas:**

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