Welcome

Patient Intake

Patient Personal Information

Patient Name: _____ Date of Birth: _____/_____/_____

Preferred Name: _____ Sex: F M Spouse's Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone : _____ Cell Phone: _____ E-mail: _____

Preferred method of contact (and leaving messages about your care): _____

Whom may we speak with regarding your care? _____

S.S. #: _____ Employer: _____ Occupation: _____

Are you: full/time ____ part/time ____ not employed ____ self employed ____ retired ____ active military ____

Who accompanied you to today's appointment? _____

How did you hear about us/ who can we thank for the referral? _____

We will send you newsletters/updates and recall notices; may we send technology updates and clinic events? Y N

We like to get to know our patients; what are your hobbies/interests? _____

_____

Primary Physician: _____ City: _____ Phone #: _____

Would you like your test results and a report sent to your physician? Y N

Insurance Information

Insurance Co: _____ Relationship to Insured: Self ___ Spouse __ Child __ Other ____

Subscriber Name: _____ DOB: _____ I.D. # _____ Employer: _____

Secondary Insurance: Yes/No, if yes, carrier: _____ Relationship to Insured: _____

Subscriber Name: _____ DOB: _____ I.D. # _____ Employer: _____

Assignment And Release

I, the undersigned certify that I (or my dependent) have insurance coverage with the insurance company above and assign directly to Accent on Hearing, Inc., all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance company. Delinquent accounts can be charged an interest rate of 1.5% of the unpaid balance and all costs incurred by Accent on Hearing, Inc., in collecting such payment, including attorney's fees and court costs. I hereby authorize Accent on Hearing, Inc., to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature: _____ Date: _____