Hearing Solutions

Dr. Barbara J. Parker - Audiologist

Welcome! How did you hear about us? _____

Personal Information

Patient's Name: _____

Parent or Guardian Name if Required: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: Mobile: _____ Home: _____ Work: _____

Birthdate: _____ Age: _____ Marital Status: _____ ☐ Male ☐ Female

Email Address: _____ May we contact you via email? ☐ Yes ☐ No

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone: _____

Name and Telephone of Primary Care Physician: _____

May we send your physician information about your hearing healthcare? ☐ Yes ☐ No

Referral (Circle One): Insurance Physician Website Friend/Family Advertisement Other _____

Acknowledgement Of Receipt Of Notice of Privacy Practices

I acknowledge that I received a copy of Hearing Solutions, Inc. Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, the website (if applicable), and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- This notice informs me how Hearing Solutions, Inc. will use my health information for the purposes of my treatment and/or payment for my treatment.
- This notice explains in more detail how Hearing Solutions, Inc. may use and share my health information for other than treatment, payment, and healthcare operations.
- Hearing Solutions, Inc. may also use and share my health information as required or permitted by law.

_____ _____

Signature Date

Release of Information

I give permission for Hearing Solutions, Inc. to send and/or obtain any information about me, my health, the health services provided to me, or payment for my health services which may be necessary to the person named below:

_____ _____

Name & Relationship Address

I give permission for the use and disclosure of my protected health information. I hereby release Hearing Solutions, Inc. its associated providers, and its employees from any, and all liability that may arise from the release of information.

_____ _____

Signature Date

Financial Responsibility

Please read this policy carefully and feel free to ask questions regarding the information.

Payment

Payment for services is due in full at the time of service. Payments may be made by cash, check, or credit card. Unless other arrangements are approved in writing by Hearing Solutions, Inc., the balance on your account is due and paid when the statement is issued. If the balance is not paid within thirty (30) days, it is considered past due. There is a $40.00 fee for checks returned by the bank.

Insurance

It is important that we obtain accurate information about your primary and supplemental insurance coverage and a copy of your insurance cards. We will bill your insurance company for you but will collect any office copayments or fees at the time of service. We do not guarantee payment of benefits and as a result you may be responsible for any coinsurance, deductibles, or fees for non-covered services that may result.

No Show and Cancelled Appointments

We will provide a reminder telephone call before your appointment to confirm your attendance. If we do not reach you, we will leave a message. Please give at least a 24-hour notice if you are unable to keep an appointment. **We reserve the right to charge a $25.00 fee for missed appointments or appointments cancelled within 24 hours of the appointment time.**

Financial Agreement

I agree to the terms and conditions contained herein and the agreement will be in full force and effect until I notify Hearing Solutions, Inc. in writing that I wish to cancel the agreement.

1. I agree to promptly pay all fees and charges for services provided by Hearing Solutions, Inc.
2. I have read and understand the described policies and procedures.
3. I understand I am financially responsible for all charges regardless of my insurance.
4. I authorize Hearing Solutions, Inc. to release to my insurance carrier any medical information needed to obtain payment for services.

_____ _____

Signature Date