



### Client/Patient Data

Patient Email: \_\_\_\_\_ Phone: \_\_\_\_\_ [ ] home [ ] cell

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information (HIPAA) Release

[ ] OK To: leave a detailed phone message

I authorize the release/sharing of information, including medical and financial records, to the following:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

This **Release of Information** will remain in effect until terminated by me in writing.

### Statement on Insurance

- As a Medicare provider, we are obligated by law to charge for all full audiological/diagnostic professional services so there is no billing discrimination across insurance patients. Some Managed-Care policies & 3<sup>rd</sup> Party Seller hearing aid programs referring to our office allow for Free 'hearing screening' for the sake of hearing aid dispensing only (vs. full audiological/diagnostic services) and are, therefore, not subject for charge.
- While we will bill your insurance policy for any full audiologic/diagnostic services, you are ultimately responsible for any remaining balances for all services rendered.
- Ear cleaning is not covered by insurance, so \$25/ear will be collected, at time of service.

**I have read and understand the above insurance statement.**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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