NORTHWEST HEARING + TINNITUS

Welcome to our office. Please complete the following information and sign where indicated.

Title: Dr/Mr./Ms./Mrs.

Last Name_____ First Name:_____ MI_____ DOB:_____

Address _____
Apt. # City State Zip Code

Home phone number (_____)_____ Cell phone number (_____)_____

E mail _____ Employer _____ Occupation_____

Insurance Provider _____ Insurance Primary Holder _____

Insurance ID# _____ Insurance Group # _____

Significant other_____ Primary Care Physician _____

Who referred you to our office? _____

PERSON RESPONSIBLE FOR BILL (if other than patient)_____

PERSON TO CONTACT IN CASE OF EMERGENCY (different from patient)

Name_____Relationship_____Phone number _____

In addition to using and disclosing medical information to any person or entity other than required by HIPAA regulations, I consent to NHT releasing my medical information to those detailed below.
Name_____Relationship_____Phone number _____

Medicare will cover hearing testing if your physician has ordered such testing for a diagnostic medical evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Medicare **will not** cover hearing testing for routine hearing evaluations to check your hearing stats and adjust your hearing aids.
Regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

I authorize Northwest Hearing and Tinnitus to release information requested with regard to processing my claims.

_____ _____
Signature Date

NOTICE OF PRIVACY PRACTICES
I acknowledge the receipt of Northwest Hearing and Tinnitus "Notice of Privacy Practices" brochure and have read and understand this notice.

_____ _____
Signature Date

NOTICE OF INFORMED CONSENT
I understand that some recommended procedures carry a small amount of risk. These include complications that may occur during the taking of ear impressions or the removal of earwax from the ear canal. I understand that the audiologist will explain the procedures to me. I have read the above and understand it.

_____ _____
Signature Date