



Point Loma Office · New Patient Information Packet

Thank you for scheduling your appointment with our office. We look forward to meeting you!

We find it can be helpful to bring a friend or family member whose voice you are used to, to this appointment.

Please take a moment and complete the enclosed papers and bring them with you to your appointment.

If you have any questions, please call our office at 619 756 7848.

Thank you!

*Dena J. Riso, Au.D., Doctor of Audiology
And the Peninsula Hearing Center Team*

Welcome!

Peninsula Hearing Center, Inc.
Point Loma Office
1310 Rosecrans St., Suite A
San Diego, CA 92106
Phone: (619) 756-7848
Fax: (619) 564-7056

We are excited to meet you at your upcoming appointment at our **Point Loma Office**. There is a detailed map included in this packet.

Audiology is the assessment and treatment of hearing disorders. Audiologists are hearing healthcare professionals who identify, assess, and manage disorders of the auditory system. They select, fit, and dispense amplification devices such as hearing aids and assistive listening technology to help you hear clearer and better. Essentially, your audiologist provides rehabilitation to improve the quality of your hearing.

Your initial evaluation will be a hearing screening to determine if any hearing loss is present. It takes about an hour. During this time, your audiologist will take a thorough history of your situation. If necessary, she will perform a hearing test while you sit comfortably in a sound booth to listen for various tones and words. She will also take a look inside your ear canal to look for obstructions or other factors, which may cause a hearing loss. After the evaluation and if it is determined that a hearing aid is necessary, your audiologist may recommend a medical referral to a doctor or work with you on selecting the most appropriate hearing system.

At PHC, you will find a wide selection of hearing instruments from the most advanced fully digital hearing aids to basic analog hearing aids. Your audiologist's main objective is to find the most comfortable, affordable, and appropriate hearing device for your individual needs and lifestyle.

We look forward to seeing you!

Peninsula Hearing Center, Inc.
Patient Registration Form

PART A

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Gender M () F () Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

How do you prefer to be contacted? (circle one) Home Cell Work Email

Emergency Contact _____ Relationship _____ Phone _____

Responsible Party, if applicable: _____

Is this person authorized to receive your medical information? Y () N ()

How Did You Hear About Us? _____

Reason For Visit _____

PART B

Primary Insurance _____ Member ID _____

Secondary Insurance _____ Member ID _____

Primary Care Physician _____ Physician Phone _____

Marital Status: Single () Married () Widowed () Divorced () Partner () Legally Separated ()

Employment Status: F/T () P/T () Self Employed () Unemployed () Retired () Active Military ()

Insurance Information: Please allow us to copy your insurance card(s).

Because we strive to keep our patients informed and updated, we send out periodic emails to let you know what is going on in Audiology. We are also going to begin emailing our patients reminders when it is time to check their hearing aids or come in for a follow-up appointment. Since we are as concerned about privacy as you are, we will not share your email address with any other entity, for any reason. It will remain secured in our system. Please provide your email in Part A

I do not currently have an email address.

Signature _____ **Date** _____

Patient Privacy Notice

This notice describes how your healthcare information obtained in this practice will be used for the purpose of diagnosing and treating hearing and balance disorders as required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

- Your personal information will be disclosed only for the purpose of treatment, insurance billing and healthcare operations (such as ordering a hearing instrument). Disclosures of your personal health information for any use other than the above mentioned purposes will require your written authorization; except as required by law, (i.e. judicial proceedings, law enforcement, public health emergencies).
- Authorized disclosures by you of your healthcare information for uses other than payment, treatment, and healthcare operations will be maintained in your electronic chart. You may request to see a list of these disclosures.
- Our office routinely makes reminder telephone calls to confirm appointments. If we reach an answering machine, we will leave a message with our practice name and the time and date of your appointment. If you do NOT want us to leave you a message, please contact the front desk.
- Any information you send to us (pictures, stories, letters, biographies, thank-you notes, etc.) becomes the exclusive property of Peninsula Hearing Center, Inc. We reserve the right to use non-identifying information about our clients for fundraising and promotional purposes that are directly related to our mission. Clients will not be compensated for use of this information. As a valued client, you will be receiving offers from our office by email, mail, or by phone regarding services that may personally benefit you. We may or may not receive financial compensation from third party sources for marketing purposes. Clients may specifically request, in writing, that no information be used for promotional purposes; however, we are not responsible for purchased mailing lists to random databases. We reserve the right to release information regarding your treatment to your physician and/or referring agency. We also retain the right to call you for your follow-up services.
- You have the right to restrict our use and disclosure of your personal information. You may request to make changes and amendments at any time.

If you have any questions or concerns regarding our privacy practices please contact us.

Your signature below indicates you have been given an opportunity to read PHC's Notice of Privacy Practices.

Signature

Date

Patient Financial Policy for Peninsula Hearing Center, Inc.

Patient Name: _____

DOB: _____

As a patient, you agree to pay for all portion of services in full, at the time services are provided by our office.

Patient Financial Policies:

You are required to present a valid insurance card at every visit and prior to the purchase of hearing aids. Unfortunately we are unable to back bill for services or products. A social security number may be required for some insurance companies.

If you have no showed for more than three appointments, we will dismiss you as a patient, as this time could have been given to another patient. Please give 24-hour notice when cancelling appointments.

Commercial Insurance Carriers:

We work with most major insurances and will bill these carriers for you if proper paperwork and insurance cards are provided to us prior to services. If you do not provide us with insurance information prior to services rendered you are responsible for all fees payable to us and responsible for billing your own insurance should you choose to do so. Verification of coverage is not a guarantee of benefits and there may be fees in addition to your co pay. Any outstanding balances, co-payments and deductibles are due at the time of your appointment.

Hearing aid benefits quoted by an insurance company are not a guarantee of payment. On occasion, insurance companies make errors in processing claims and your EOB may show a different amount owed than originally quoted. You are responsible for any balance not paid by your insurance company.

Medicare:

Our office is a Medicare participating provider and we will bill Medicare for you. Medicare only covers a complete hearing evaluation if referred by a physician. Referrals/scripts are due at the time of the appointment and are your responsibility to obtain. Hearing aids are not a covered benefit. Any outstanding balances and deductibles are due at your appointment. Any non-covered service will be due as service is rendered.

Worker's Compensation:

If your visit is work related, we will need the case number and carrier name prior to your visit in order to bill the worker's compensation insurance company.

Methods of Payment:

Our office accepts the following payment methods: Cash, Personal Check, and Credit Cards.

For returned checks, we assess \$25 NSF charge. If not paid according to these terms, the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections, you are responsible for all additional fees assessed in the collection of the debt. These fees include collection agency fees and attorney fees and you will be dismissed as a patient. The patient is ultimately responsible for all fees for services.

Signature: _____

Date: _____

Office Directions and Map

**Peninsula Hearing Center, Inc.
Point Loma Office
1310 Rosecrans St., Suite A
San Diego, CA 92106
Phone: (619) 756-7848
Fax: (619) 564-7056**

Office Location

- Our Point Loma Office is located at on the corner of Rosecrans Street and Dickens Street.
- When traveling WEST on Rosecrans, the office will be on the RIGHT, 8 blocks past Nimitz and directly next to a Jack-in-the-Box.
- We have parking behind the building including one spot designated specifically for PHC patients.
- If you have any questions, please feel free to contact our office.

