PENINSULA
HEARING & BALANCE CENTER INC.
EST. 2010

# Patient Registration Form

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Gender M ☐ F ☐ Email Address _____

Address _____

City _____ State _____ Zip _____

Landline _____ Cell _____ Work _____

**Telephone Number Where You Prefer To Be Contacted (check one)** **Landline** ☐ **Cell** ☐ **Work** ☐ **Email** ☐

Emergency Contact Name _____ Relation _____

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 _____

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).

**By signing below, I:**

1. Acknowledge that I have read or declined the Patient Privacy Notice and acknowledge that this notice is available for me to keep.

2. 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 Financial Policy for Peninsula Hearing & Balance Center, Inc.

Patient Name

Date of Birth

As a hearing health care provider, we give our first-time patients a free hearing consultation. After the first initial appointment, 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.

**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