

REGISTRATION FORM

Date _____

Name of Patient _____
FIRST MIDDLE LAST MAIDEN

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Sex M F Birth Date _____ Age _____

Marital Status Married _____ Single _____ Widowed _____ Divorced _____ Social Security Number _____

Employer _____ Work Phone _____

Occupation (If Retired Former Occupation) _____

Emergency contact other than spouse or responsible party _____

Relationship _____ Phone _____

Person responsible for services rendered

Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____ Birthdate _____ Age _____

Employer _____

Social Security No. _____

INSURANCE INFORMATION

Primary Insurance _____

Policy Holder _____

Policy No. _____ Group _____

Secondary Insurance _____

Policy Holder _____

Policy No. _____ Group _____

REASON FOR DOCTOR VISIT _____

Referred by _____

Primary Care Physician _____

Medical Problems: None _____

Previous operations: None _____

Current medications: None _____

Drug Allergies: None _____

Smoking: None _____ packs of cigarettes per day

Caffeine: None _____ cups of coffee, tea, or cola per day

Alcohol: None _____ drinks per day

AUTHORIZATION FOR TREATMENT

FINANCIAL POLICY

I authorize the specialists of the MEDICAL HEARING CLINIC, INC. to perform a medical examination for the purpose of diagnosis of my condition. A complete examination may require specialized hearing and balance tests, and x-rays of the ear or brain.

YOU ARE RESPONSIBLE FOR ALL FEES PAYABLE AT THE TIME OF YOUR OFFICE VISIT, REGARDLESS OF INSURANCE COVERAGE.

WE WILL FILE YOUR INSURANCE CLAIM; HOWEVER, ANY BALANCE THAT REMAINS AFTER 60 DAYS WILL BE SENT TO AN ACCOUNT RECEIVABLE COLLECTION SYSTEM.

If an account is referred to an attorney for the collection of any unpaid balance, I/we agree to pay costs and a reasonable attorney's fee if any delinquent balance is placed with an agency or attorney for collection or suit.

SPECIAL NOTE FOR WORK RELATED INJURIES:

If this is a work related injury, we are required, by law, to bill your industrial insurance carrier. Should you fail to tell us this is work related until after your personal insurance has been billed, there will be a \$100.00 administration charge to cover reprocessing of charges and refunding of payments that may have been made. This is a charge you will be personally responsible for. It cannot be paid by your personal or industrial insurance company.

SIGNATURE OF PATIENT OR PARENT