Hearing Associates

1830 Blake Ave, Suite 203, Glenwood Springs, CO 81601

Patient Information- Please Print

Date_____ Referred By_____

First Name_____Middle Initial____Last Name _____

Home Phone_____Cell Phone _____

Address_____City_____Zip _____

Spouse Name _____

Email _____

Birthdate _____ Male / Female Single / Married / Widowed

Primary Physician _____

_____

Please check all that apply:
Appointment Reminders Preference Email _____ Text _____ Phone _____

Appointment Agreement

Comprehensive Audiometric Test - $148
Cerumen Removal - $40 per ear
Dix Hallpike Procedure - $55
Initial Canalith Repositioning Treatment - $88
Follow-Up Canalith Repositioning Treatment - $62
Office Visit - $45.00 (30 Minute Appointment)

***CANCELLATIONS/NO SHOW:** Prepayment of $148.00 may be required at time of rescheduling an appointment after several cancellations/no show.

I am aware and responsible for all financial obligations of health services for the above patient.

Signed X _____

I authorize release of information in my medical history to my primary physician.

Signed X_____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date of Birth: _____

Social Security Number:_____

Phone Number: _____

I acknowledge that I received a copy of Hearing Associates' Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, the website (if applicable) and that I will be offered a copy of any amended Notice of Privacy at each appointment.

- This Notice informs me how Hearing Associates will use my health information for the purposes of my treatment and or payment for my treatment.

- This notice explains in more detail how Hearing Associates may use and share my health information for other than treatment, payment, and health care options.

- Hearing Associates will also use and share my health information as require/permitted by law.

_____ _____

Printed Name of Patient or Personal Representative Date

_____ _____

Signature of Patient or Personal Representative Date