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

Patient Update Information- Please Print

Date			
First NameM	Iiddle InitialLast Nam	e	
Home Phone	Cell Phone		
Address	City	Zip	
Spouse Name			
Email			
Birthdate	Male / Female	Single / Married / Wio	lowed
Please check all that apply: Appointment Reminders Preference	ce Email T	ext Phone	
	APPOINTMEN'	Γ FEES	
Comprehensive Audiometric Test Cerumen Removal - \$40 per ear Dix Hallpike Procedure - \$55 Initial Canalith Repositioning Trea Follow-Up Canalith Repositioning Office Visit - \$45.00 (30 Minute A *CANCELLATIONS/NO SHOW appointment after several cancellar	ntment - \$88 g Treatment - \$62 Appointment) : Prepayment of \$148.00 m	ay be required at time of	rescheduling an
I am aware and responsible for	or all financial obligation	ons of health services f	for the above patient.

Signed X _____