Audiology Center Northwest

Patient Information Form

Last Name _____ First Name _____ MI _____

Birth Date _____ Gender _____ Home Phone # _____

Mailing Address (Street) _____

City _____ State _____ Zip Code _____

Email _____

Current Employment: ☐ Full-time ☐ Part-time ☐ Retired ☐ Unemployed ☐ Student

Whom may we contact in case of an emergency? _____ Phone #: _____

Whom may we thank for referring you to our office? _____

Insurance Information

Primary Ins. _____ Insurance ID# _____

Name of Policy Holder _____ Policy Holder's Birth Date _____

Secondary Ins. _____ Insurance ID# _____

I will pay today by ☐ Cash ☐ Check ☐ Credit Card ☐ Insurance

Reason for today's appointment _____

I authorize Audiology Center Northwest LLC to release information requested with regard to processing my claims.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet and certify that this information is correct to the best of my knowledge. I will notify Audiology Center Northwest LLC of any changes in my health status or in the above information.

Signature _____ Date _____

Parent Signature if Minor _____ Date _____