



East Valley Hearing Center

"Professional Service with a Caring Touch"

a member of AUDIGY GROUPSM

6262 E. Broadway Rd., Ste. 103
Mesa, Arizona 85206
(480) 830-0994

Patient Information

Date: _____

Patient: _____ DOB: _____ / _____ / _____
First Initial Last M D Y

If patient is under the age of 18, responsible party must complete remainder of this section.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Social Security # _____ Sex: **F** **M**

Email address: _____ @ _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Secondary Address: _____

Dates of residence at secondary address: _____ Occupation: _____

Marital Status: Married Single Widowed Spouse Name: _____ Date of birth: _____

Emergency Contact: _____

Name	Phone Number
Relation to Patient: _____	_____

Name of your primary care physician (City & State): _____

Do you have Medical Insurance? No Yes If yes, please give your information to the staff.

- ✓ If we will be filing a Medicare claim for a hearing evaluation, a referral is needed from your physician.
- ✓ Medicare does not cover wax removal when done by an audiologist.

How did you hear about East Valley Hearing Center?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dex Yellow Pages | <input type="checkbox"/> Health/Senior Fair | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Community Yellow Pages | <input type="checkbox"/> Direct Mail Ad | <input type="checkbox"/> Insurance Co. | <input type="checkbox"/> Promotional Call |
| <input type="checkbox"/> Referred by Physician _____ | | | |
| <input type="checkbox"/> Referred by Friend _____ | | | |
| <input type="checkbox"/> Other _____ | | | |

Reason for appointment: _____

This facility serves as a teaching site for students enrolled in doctoral level audiology training through accredited universities. As such, some services provided to you today may be performed by supervised audiology students.

Your Experience

We believe in, and strive to provide, a convenient location with ample parking and expect our staff to always be professional, courteous and helpful. To provide you with the highest level of service, please rate your experience of the following areas:

Location and accessibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Adequate parking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Convenience of appointment time	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Friendly greeting	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Clean and welcoming environment	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

What can we do to make your next visit more comfortable?

*****PLEASE READ CAREFULLY AND SIGN BELOW*****

- I give permission to my AudigyCertified™ practice to release information, verbal and written, contained in my medical record and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, related healthcare providers, assignees and/or beneficiaries and all other related persons. Information without patient identifiers may be used for quality purposes.
- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy of this office.
- I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet and have completed the above answers, certify this information is true and correct to the best of my knowledge and hereby give East Valley Hearing Center permission to treat my concerns.

I have read and understand all the above information.

A copy of this signature is as valid as the original

Date

Signature of parent or guardian if patient is a minor: _____