

First Name _____ MI _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Date of Birth _____ Gender: _____
Marital Status _____ Spouse's Name _____
Phone 1 _____ Phone 2 _____
Emergency Contact _____ Phone # _____
Parent's Name(s) (if pt. is under 18) _____
Email address _____

How can we contact you? Call Text eMail Sign or Initial: _____

How did you hear about Wright Audiology and Hearing Aids? (Please circle one)
Website Physician Friend Insurance Advertisement Yellow Pages

Primary Care Physician _____
ENT Physician _____

Primary Insurance _____
Primary Cardholder _____ Birthdate _____ Relationship _____
Address of Cardholder if Different from Patient _____
Secondary Insurance _____
Secondary Cardholder _____ Birthdate _____ Relationship _____
Address of Cardholder if different from patient _____

Authorization to Release Information
I authorize Wright Audiology and Hearing Aids to release any information obtained during the course of my treatment to the primary care or referring physician listed or to a referred physician for continuity of care.

Patient Signature: _____ Date: _____

Notice of Privacy Practices
I have received and had opportunity to review a copy of the Notice of Privacy Practices for Wright Audiology and Hearing Aids

Patient Signature: _____ Date: _____

Medicare and Third Party Payers
I authorize and assign the payment of all medical benefits to which I am entitled, including Medicare and other health insurance payments, to Wright Audiology and Hearing Aids. I understand that I am financially responsible for payment of any services rendered to me by Wright Audiology and Hearing Aids. Payment is due at the time services are provided unless other payment plan(s) have been set up. I authorize the release of medical record information to secure payment for services rendered.

Patient Signature: _____ Date: _____

Marketing
Wright Audiology and Hearing Aids may contact me regarding benefits or service that may be of interest to me.
____ Yes ____ No

Patient Initials: _____ Date: _____