

TROY LOCATION

210 S. Market St., Ste. A
Troy, OH 45373
ph. (937) 308-7000



SIDNEY LOCATION

Wilson Memorial Hospital
915 W. Michigan St.
Yager Building, Suite 201
Sidney, OH 45365
ph (937) 658-6180

Patient Information

Patient Name: _____
First MI Last

Age: _____ DOB: _____ Sex: M / F

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Occupation: _____

Email: _____ SSN: _____

Mailing Address: _____
Street City State Zip

Marital Status (Circle One): Married / Single / Widowed / Divorced / Long Term Relationship

Emergency Contact: _____ Relationship to Patient: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

How did you hear about our office? _____

- I give permission to UVHB 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 authorize UVHB to use and release my protected health information, i.e. my contact information, for marketing related to hearing care products or services.
- 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, completed the above answers, and certify this information is true and correct to the best of my knowledge, and I hereby give my hearing care provider permission to treat my concerns.

I have read and understand all the above information

Signature of Patient/Parent or Guardian

Date