Sumter Hearing Associates

Quality. Education. Commitment.

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1116 F Alice Drive - Sumter, SC 29150
23 South Mill St. – Manning, SC 29102

Patient Information Form

Last Name ______________________ First Name ______________________ MI ________

Birthdate ________________ Gender ______ Email ______________________________

Home phone ______________ Cell phone ______________ Work phone ________________

[optional]- Social Security #________________ SS # of Guardian (if minor) ________________

Mailing Address (Street) ____

City __________________ State ______ Zipcode ______________

Emergency contact __________________________ Phone # _______________________

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

Primary Care Physician ____________________________

Primary Ins.______________________________ Insurance ID # ____________________

Name of Policy Holder _________________________ Policy holder's birthdate ______________

Secondary Ins. ____________________________ Insurance ID # ____________________

Who is financially responsible for this visit? ____________ Phone ________________________

Payment is expected at the time of service-to include insurance deductibles and/or co-payments unless prior arrangements have been made.

Signature ______________________________ Date________________________

Parent Signature (if Minor) ____________________

updated 9/2018