

Date _____
 Name _____
 Date of Birth _____ Age _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____
 E-Mail Address _____
 Physician _____
 Ear, Nose & Throat Physician _____
 How did you hear about us? _____

Primary Insurance _____
 Subscriber's Name _____
 Subscriber ID _____
 Subscriber's Date of Birth _____
 Secondary Insurance _____
 Subscriber's Name _____
 Subscriber ID _____
 Subscriber's Date of Birth _____
 Martial Status _____
 Spouse's Name _____
 Employment Status _____

1. In which ear(s) are you having difficulty hearing? RIGHT LEFT BOTH NEITHER
2. Is one ear better than the other? YES NO Which is your better ear? RIGHT LEFT
3. How long have you had this problem? _____
4. When was your last hearing test? _____
5. Do you currently wear a hearing aid? RIGHT LEFT BOTH How long? _____
6. Do you have a family history of hearing loss? YES NO Who? _____
7. Do you have ringing or buzzing in your ears? RIGHT LEFT NEITHER Is the ringing: CONSTANT OCCASIONAL
8. Are you ever dizzy? (please describe) YES NO _____
9. Have you had any recent ear infections? YES NO
10. Do you have pressure in your ear(s)? RIGHT LEFT BOTH
11. Have you ever had ear surgery? (please describe) YES NO _____
12. Have you ever been exposed to excessive noise? YES NO
13. Do you have arthritis or dexterity problems? HANDS ARMS SHOULDERS
14. Do you have vision problems? (please describe) _____
15. Do you have a pacemaker? YES NO
16. Have you ever had wax removed from your ear(s)? YES NO
17. Please list any major medical conditions: _____
18. What are your top three listening difficulties? _____

FINANCIAL RESPONSIBILITY

- I authorize Audiology Associates of Lancaster, LLC.(AAOL) to release any medical or other information necessary to process this claim. I also authorize payment of medical benefits to be made directly to AAOL. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by my insurance. If my insurance company has not paid their portion within 90 days of being properly billed, I understand that the balance will become due and payable from me.
- Payment for all hearing aids are due within 90 days of delivery. If not paid within 90 days, a service charge will be added to your account. All batteries, repairs (major or minor), earmolds, home visits and A.L.D.s are due at the time of service. If not paid within 30 days, a service charge will be added to your account.
- In case of default I promise to pay any legal interest on the balance due, along with any collection agency costs and reasonable attorney fees incurred to effect collection on this account.

X

 SIGNATURE OF RESPONSIBLE PARTY

 RELATIONSHIP TO CLIENT