



Dear _____ ,

We would like to take a moment to welcome you to our office and assure you that you will receive the very best care available for your condition.

Date and time of your appointment: _____

It is important that our audiologists have comprehensive information about you prior to your appointment, so please take a few minutes to completely fill out the enclosed forms. Our financial policies are detailed in the enclosed Treatment, Consent, and Billing Agreement. Please remember to bring all completed forms with you to your appointment. You will also need a photo ID and we may take your picture which will become part of your permanent file.

For your convenience we have included directions to our office. If you have any questions, please feel free to contact our office and speak with our friendly customer service staff. We are open daily from Monday to Friday, 8:30 a.m. to 5:00 p.m. , with evening hours Tuesdays.

We thank you for providing us this opportunity to serve you. We look forward to meeting you at your appointment!

*Note to our Medicare Patients—You will need to bring a prescription for audiologic evaluation and management from your family doctor. If you do not bring a script, you will be responsible for all charges incurred at this office visit. If you have any questions regarding obtaining a script, please contact our office.



New Patient History Form - Adult

PERSONAL HISTORY

Full Name (circle one): Mr. Ms. Mrs. Dr. _____

Preferred Name?: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

What is the best way to reach you? Home Phone Cell Phone E-mail Other: _____

Date of Birth: _____ Age: _____

Marital Status: Single Married Divorced Widowed

Accompanied by: _____ Relationship: _____

Employer: _____ Your Occupation: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Is it OK to call at work?: Yes No

Family Physician: _____ Physician Phone Number: (____) _____

How did you hear about our practice? Physician Yellowbook Lancaster Newspaper Radio

Website Google Verizon Yellow Pages Other: _____

Please list persons (family members, doctors, etc.) with whom you give us permission to discuss your health information, send reports, and schedule future appointments: _____

HEALTH INSURANCE INFORMATION

Primary Insurance Company: _____

Policyholder's Name: _____ Relationship to Patient: _____

Policyholder's Date of Birth: _____ Social Security #: _____

Address: _____

Employer ID #: _____ Group #: _____

The above information is accurate to the best of my knowledge

Signature of Responsible Party

Date

Treatment, Consent, and Billing Agreement

Health Insurance Portability & Accountability Act (HIPPA) Acknowledgement

Release of Information: I give permission to *A&E Audiology, Inc.* to disclose all or any part of my medical and/or billing records to any insurance company, third party payor (including my employer, if applicable, for example, in worker's compensation cases), or collection agency which may be responsible for payment of *A&E Audiology, Inc.*'s charges on my behalf or for collecting unpaid balances from the responsible parties. I further authorize such disclosures to any of my other treating health care providers as needed for treatment or billing/payment purposes. *A&E Audiology, Inc.* will release information as permitted by law and/or HIPPA regulations.

Financial Responsibility: In consideration of the services provided by *A&E Audiology, Inc.*, I completely understand and fully agree that I have full responsibility to pay *A&E Audiology, Inc.* for all services rendered. I hereby guarantee full payment of all charges. If my account is referred to a collection agency or attorney, I guarantee payment for all fees, costs, and interest. I also understand that the responsibility for payment may not be deferred for any reason or assigned to any other party. *A&E Audiology, Inc.* may bill my insurance(s) but I remain fully responsible for full payment. *A&E Audiology, Inc.* bills the patient if your insurance/third party does not pay within 90 days. I agree that if I bring any claim or complaint related to billing and/or my care and treatment which involves *A&E Audiology, Inc.*, its agents or employees, I will file all claims in Lancaster County, Pennsylvania.

Assignment of Insurance Benefits: I authorize *A&E Audiology, Inc.* to submit a claim to Medicare or other applicable insurance company on my behalf. I authorize payment directly to *A&E Audiology, Inc.* for *A&E Audiology, Inc.* benefits otherwise payable to me. I understand that Medicare does not cover hearing aid related services and therefore Medicare cannot be billed for any hearing aid related charges. I am financially responsible to *A&E Audiology, Inc.* for charges not covered by this authorization, considered non-payable by my insurance(s), non-referred or non-authorized. This covers both primary and secondary insurances including Medicare, Workman's Comp and Auto Insurance.

Participation in Insurance Products: I understand that it is my responsibility to verify with my insurance or employer if *A&E Audiology, Inc.* participates with my insurance at the time of service. I relieve *A&E Audiology, Inc.* of any responsibility in reference to non-participation in the insurance or if my services were to be performed by another entity.

HIPPA Acknowledgement: By signing below, I acknowledge that I have had access to *A&E Audiology, Inc.*'s Notice of Privacy Practices.

Authorization for Treatment and Procedures: I hereby agree to and give consent to be treated by *A&E Audiology, Inc.* I understand that healthcare personnel in training may participate in or be present at various times throughout the course of my care at *A&E Audiology, Inc.* Such personnel are under the supervision of licensed audiologists. I have no objection to the involvement of students in my care and I hereby provide consent to such involvement.

We are a training facility; therefore, at times patient visits may be videotaped or recorded for training purposes. Only if you do NOT wish to be videotaped or recorded please initial here. _____

Correct information: I understand that if I do not present accurate, current and complete billing/insurance information at the time of service, I agree to be responsible for any amounts relating to the bill including full payment of any amounts not covered by insurance. I relieve *A&E Audiology, Inc.* of any responsibility in the event correct information was not provided at the time of service. A copy of my insurance card (s) will be maintained to verify what was presented to *A&E Audiology, Inc.*

Signature of Responsible Party

Date

HEALTH HISTORY

Please check if you are experiencing: Hearing Difficulty Balance Problem Tinnitus

Do you hear people speaking but have difficulty clearly understanding what is being said?

When did you first notice a hearing problem? _____ Was it gradual or sudden?

What do you feel caused your hearing problem? _____

Have you seen a physician for your hearing loss?

If so, whom and when? _____

Have you experienced any of the following:

Occasionally

Often

Always

Family/friends notice you aren't hearing well?

Family/ friends report you have the T.V. volume too loud?

Do you ask people to repeat themselves?

Difficulty hearing on the telephone

Do any family members have hearing problems?

If so, whom, and at what age was it identified? _____

Is hearing loss causing any issues at work? Yes No Please explain: _____

Please indicate all the situations where you have been exposed to loud noises:

Work Home Hobbies Shooting guns Loud music

Please check any of the following situations where you notice hearing difficulty? Television Radio Movies

Place of Worship At a table with 4-6 people At a table with 6+ people In noisy restaurants At a party

MEDICAL HISTORY

Please list all current medications or attach a list: _____

Have you had any of the following? Please circle all of those that apply.

Ear Pain Infections Drainage Ears popping Ear surgery Ear tubes Diabetes

Arthritis Ears Ringing (tinnitus) Trauma (head/ear) Dizziness or unsteadiness

Memory Loss Alzheimers or Dementia Autoimmune disease (e.g. HIV or lupus)

List any operations _____

Other chronic illnesses _____

Any drug or other allergies _____

HEARING AID HISTORY

If through our evaluation we find that we can help you hear and understand more clearly, are you ready to be fit with hearing instruments now? Yes No

Please rate the following from 1 to 3 in order of importance to you (1-Most Important, 3-Least Important):

	1	2	3
Ability to hear as well as I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetics – whether others can see them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You probably know others who use hearing instruments.

What have you heard about their experiences? _____

Have you ever worn a hearing aid(s)? Yes No If so, which ear(s)? Right Left Both

When and where did you purchase the present hearing aid(s)? _____

Have the hearing aids been satisfactory or unsatisfactory, and why? _____

Any other questions or comments? _____

For Office Use Only

Audiologist Notes: _____

Onset _____

Sudden or Gradual _____

Otologic issues (tinnitus, vertigo) _____

Noise exposure _____

HPD history _____

Family history _____

What to expect at your appointment

Your appointment will last about 1 to 1 ½ hours. Your audiologist will review your history, do an otoscopic inspection of your ears, remove any excess wax and then test your hearing in a sound booth.

If the evaluation process reveals that you have hearing loss, the audiologist will need to determine whether or not you would benefit from wearing hearing instruments. Not everyone with hearing loss can be helped with hearing aids. The audiologist will place some devices in your ears to evaluate how you will do. It is very helpful to have someone with a familiar voice during the evaluation process so be sure to bring along a family member or friend.

A word about hearing instruments:

No one likes to admit that they need a hearing aid but advances in technology have made the hearing instruments of today much more sophisticated and cosmetically appealing than your grandfather's hearing aid. We fit and dispense hearing aids from several of the top hearing instrument manufacturers in the world and we will work with you to find the best possible option for your listening needs as well as your budget.

The audiologists at A&E all have their Doctorate in Audiology with at least 8 years of university training in audiology. So not only will you get the best quality hearing instrument available on the market but also you will also be fit by the most highly trained professionals. We take quality of care very seriously here at our practice and all our audiologists attend continuing education events each year to bring you the most current and excellent care available in South Central PA. We work in collaboration with your physician to manage your hearing and balance issues.

Audiologist or Hearing Aid Dealer?

If you are going to invest in better hearing you will want to be sure to spend your money on devices that are good quality and even more importantly fit properly by a trained professional, not a salesperson. You may save a few dollars by going to a retail hearing aid store such as those sold at big box stores but poor quality and poorly fit hearing aids usually end up sitting in a dresser drawer.

Hearing Aid Prices

Our hearing aids start at \$900 and go up from there. In 2011 the average price of a hearing aid fit in the US was about \$2400. Your audiologist will work with you to find the best hearing aid for your listening needs as well as your budget. We also have a used hearing aid program for people with limited resources.