



Boulder Medical Building  
12630 Monte Vista Road, #210  
Poway, CA 92064  
858-312-1327

## Patient Registration

### Personal Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relation \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

### Insurance: (circle one) PPO HMO Medicare CASH

Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Subscribers Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### Employment:

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Referral Source:

Yellow Pages  Internet  Friend

Physician \_\_\_\_\_  Other \_\_\_\_\_

*I give permission for treatment by Advanced Hearing Solutions, and I give permission to Advanced Hearing Solutions to release my information to my insurance carrier.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Medical and Audiologic History

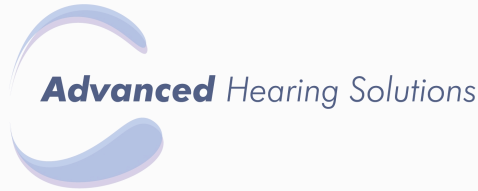
Name \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_

- Yes     No    Have you seen an Ear/Nose/Throat Physician?  
Name \_\_\_\_\_ Date \_\_\_\_\_
- Yes     No    Have you had any type of ear surgery?  
Surgery \_\_\_\_\_ Date \_\_\_\_\_
- Yes     No    Have you ever had your hearing tested?  
By whom \_\_\_\_\_ Date \_\_\_\_\_
- Yes     No    Deformity of ear(s)
- Yes     No    Tinnitus/ringing in the ear(s)
- Yes     No    Have you ever seen a physician for wax removal?  
How Often \_\_\_\_\_
- Yes     No    Is hearing the same in both ears?  
Better hearing ear is your     Left     Right
- Yes     No    Family history of hearing loss?
- Yes     No    History of exposure to loud noises?

***Do you experience difficulty with any of the following?***

- Yes     No    Hearing by telephone
- Yes     No    Hearing in quiet
- Yes     No    Hearing in a crowd
- Yes     No    Hearing television or radio
- Yes     No    Do you now or have you ever worn hearing devices?  
Manufacture/Style/Year \_\_\_\_\_
- Yes     No    Do you have any problems with your current devices?  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_



## Office and Financial Policy

At Advanced Hearing Solutions our Audiologists value your time and schedule appointment times to meet your hearing healthcare needs. We do not double book appointments. If you are not able to keep an appointment, we would appreciate 24-hour notice. If you are late for your appointment (>15 minutes), we will do our best to accommodate you. In some cases it may be necessary to reschedule your appointment. We strive to minimize wait time. However, difficulties with hearing devices can occur and may take longer than the scheduled time. If this happens, we appreciate your understanding.

Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims or accept responsibility for negotiating claims with your insurance company. Advanced Hearing Solutions is not listed in your plan's network, and we are non-contracted, thus you are responsible for full payment. We will request 50% of payment at the time of purchase and the balance to be paid in full at the time of delivery of your hearing devices.

For custom products (such as ear molds, musician plugs or swimmer plugs), payment is due in full at time of service. Please allow up to two weeks for delivery. **\*\*Please note custom items are non-refundable and non-returnable.**

As a courtesy, Advanced Hearing Solutions will help to verify your insurance benefits. We can prepare you with any information to help you file a claim with your insurance company. However, we do not bill your insurance directly. We also offer six-month, 12-month and 24-month financing through Care Credit. Please ask our staff if you would like more information on Care Credit. \*Custom products are not generally covered by medical insurance.

**Please note, our staff cannot guarantee your eligibility and coverage.**  
**It is the patient's responsibility to verify benefits and eligibility**  
**with their specific plan and submit claims directly to their insurance company.**

If you currently wear hearing aids and are looking for an Audiologist, Advanced Hearing Solutions can adopt your hearing aids for a fee of \$500 per aid. This adoption fee includes routine care and maintenance of the device(s) and may include a yearly hearing test through Advanced Hearing Solutions.

**RETURNED CHECKS** will incur a \$30.00 service charge.

I understand that I am financially responsible to Advanced Hearing Solutions for all charges. Advanced Hearing Solutions does not make payment arrangements or extend credit. All services are expected to be paid in full when picking up hearing devices.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date