200 Jose Figueres Ave. # 280
San Jose, CA 95116
Tel: (408) 937-8900
Fax: (408) 937-8902

2081 Forest Ave. # 280
San Jose, CA 95124
Tel: (408) 358-5123
Fax: (408) 358-5193

PATIENT'S INFORMATION

Name First_____________________________ MI_____ Last_______________________________________

Address____ Apt. #________________

City____ State______________ Zip____________________

Home Phone (Area Code)__________________________ Work (Area Code)__________________________

Date of Birth_________________________________

Parent's Name(s) (if pt. is under 18) ____

Primary Physician: _____________________________________ Phone #_________________________

ENT Physician: ____ Phone #_________________________

Patient Email: __________________________ Ok to email appointment reminders/confirm? ☐ YES ☐ NO

MEDICAL RELEASE FORM

Referred by: ____

Signature for release of medical information: ______________________________ Date: ____________________

SIGNATURE AUTHORIZATION

I understand that submission of insurance claims is a courtesy and that it is my responsibility to verify insurance coverage information prior to any services rendered. It is my responsibility to provide HearBright with my insurance information. I accept full responsibility for payment of deductible, co-pays, co-insurance, and any other payments that may be required by my health plan or insurance including Medicare and Medi-Cal. I authorize the release of any medical record information needed by the insurance of any claim. I permit a copy of this authorization to be used in place of the original to request payment for medical services provided by HearBright, an Audiology Corporation. I agree to pay attorney fees or other such costs in the event of legal action should it become necessary to collect unpaid balances due. I authorize any testing done by HearBright, an Audiology Corporation. Co-pay or payment is due at the time of service, unless other arrangements have been made. MY SIGNATURE CERTIFIES THAT I HAVE RECEIVED THE PRIVACY PRACTICES NOTIFICATION.

Signature: ____ Date:_ __________________

__ check here if signing as a parent or guardian.