Lutherville
1447 York Road
Suite #312
Lutherville, MD 21093
410-583-7021

Bel Air
2103 Laurel Bush Road
Suite A
Bel Air, MD 21015
410-569-8884

Perry Hall
8615 Ridgelys Choice Drive
Suite #103
Nottingham, MD 21236
410-238-2353

Virginia
493 Blackwell Road
Suite #311
Warrenton, VA 20186
540-341-7112

www.hearingassessment.com
Fax: 410-583-2117

Patient Information Form

Salutation_____Last Name_____ First Name_____ MI_____

Birth Date _____ Sex _____ Home Phone: _____ Cell:_____

E-mail Address: _____

Mailing Address (Street) _____

City _____ ST. _____ ZIP_____

Best Method of Contact (Check One): Phone: ☐ Text: ☐ (Carrier:_____) E-mail: _____

Emergency Contact Name: _____ Phone Number: _____ Relation: _____

Primary Care Physician: _____

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

Primary Ins. _____Insurance ID# _____

Name of Policy Holder _____ Policy Holder's DOB_____

Secondary Ins._____ _____ Insurance ID# _____

I authorize Hearing Assessment Center to release information requested with regard to processing my claims.

I understand and agree (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet, and certify this information is correct to the best of my knowledge. I will notify Hearing Assessment Center of any changes in my health status or in the above information.

I hereby acknowledge I have been presented with a copy of Hearing Assessment Center, LLC,'s NOTICE OF PRIVACY PRACTICES.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if minor)