

Columbia Basin Hearing Center LLC

1149 N Edison Suite D

Kennewick, WA 99336

509-736-4005

Last Updated: 5/13/15

Privacy Agreement:

Patient Information

(if this is an update, please cross out and correct any information that has changed) *Required fields.

Patient's Name* First Initial Last

Responsible Party (if patient is a child, Parent or Guardian)

Address*

City* State* Zip Code*

Home Phone Work Phone Mobile Phone

Social Security # Date of Birth Sex* M F Email

Marital Status* Married Single Other Employment Status* FullTime PartTime None Student Status* FullTime PartTime None

Referring Physician* Primary Physician

Is there a place/physician we can send a copy of your test results?

Emergency Contact How did you hear about us?*

How would you like to receive Appointment Notifications? Telephone Text Email None

Primary Insurance Information

(if patient is also the insured, enter 'SAME' for name & address)

(Office only): Insurance Card copy on file?

Insured's Name* First Initial Last

Address

City State Zip Code

Home Phone

Patient Relation to Insured* Self Spouse Child Other Insured Date of Birth* Insured Sex M F

Insurance Co. Name* Subscriber ID Num* Group Num

Other Insurance Information

(if patient is also the insured, enter 'SAME' for name & address)

(Office only): Insurance Card copy on file?

Insured's Name* First Initial Last

Address

City State Zip Code

Home Phone

Patient Relation to Insured* Self Spouse Child Other Insured Date of Birth* Insured Sex M F

Insurance Co. Name* Subscriber ID Num* Group Num

I authorize any holder of medical or other information about me to release any information needed to process this or other claims. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

I agree to allow CBHC to contact me regarding my account, records, educational materials, promotions, and any other information that may benefit my hearing health.

Signed Date