

Insurance Information:

Please give your insurance information to our front office staff so we can make a copy for our records.

Please read carefully and sign below:

- I give permission to ***Advanced Audiology*** to release information, verbal, and written (contained in my medical record and other related information), to my insurance company, rehab nurse, case manager, attorney, employer, related health care providers, assignees and/or beneficiaries, and all other related persons. Information without patient identifiers may be used for quality purposes.
- I authorize ***Advanced Audiology*** to contact me for all purposes related to my visit, including marketing-related correspondence, via email, voicemail, and text. I further understand that I can revoke my authorization to receive correspondence via email, voicemail, and text by providing written notification to Advanced Audiology.
- I authorize ***Advanced Audiology*** to use and release my protected health information, i.e., my contact information, for marketing related to hearing care products or services.
- I understand that ***Advanced Audiology*** may receive financial remuneration in exchange for making the marketing communication from or on behalf of the third party whose product or service is being described. I understand that this marketing authorization is in effect until a revocation is received by the practice.
- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy of this office.
- I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet, completed the above answers, and certify this information is true and correct to the best of my knowledge, and I hereby give my hearing care provider permission to treat my concerns.

I have read and understand all the above information.

Signature of patient or adult responsible party

Date