



**SOUTHWEST FLORIDA**  
Center for Hearing and Balance

Patient Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status (Circle one): M S D W      Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ABOUT YOUR EARS:** Do you have any of these symptoms?

- YES NO Deformity of the ear  
YES NO Drainage from the ear  
YES NO Sudden or rapid loss of hearing in the past 90 days  
YES NO Acute or chronic dizziness  
YES NO Pain in your ears  
YES NO Noises, ringing, rushing or roaring in your ears

Which is your better ear?                      Same                      Right                      Left

**ABOUT YOUR HEARING:**

Do you experience difficulty with the following?

- YES NO Understanding conversation  
YES NO Hearing in a crowd  
YES NO Hearing on the telephone  
YES NO Does your hearing fluctuate?  
YES NO Have you ever had surgery on your ears?  
YES NO Have you ever had chronic ear infections?  
YES NO Do you have complaints from friends and family about your hearing?  
If you feel you have a hearing problem, how long have you had it? \_\_\_\_\_  
YES NO Does anyone in your family have hearing loss ?  
(If so, what relationship? \_\_\_\_\_)  
YES NO Have you ever worked in a loud place or had a loud recreational activity?  
(Factory, construction, firearms, bands etc.)  
YES NO Have you ever worn a hearing aid?  
If yes, what have been your experiences? \_\_\_\_\_  
YES NO If a hearing loss is found are you ready to take steps in rehabilitation?

List Major Medical Problems: \_\_\_\_\_

List Medications you now take: \_\_\_\_\_

Who can we thank for referring you to our practice? \_\_\_\_\_

Who may we discuss your test results and your condition with other than yourself? \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_



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## OUR FINANCIAL POLICY

Thank you for choosing us to care for your hearing and balance needs. We are committed to your better hearing and resolution of your balance problems. Please understand that in order for us to maintain the highest level of care, payment must be received. Payment is considered part of your service. The following is a statement of our Financial Position and Policy, which we require that you read and sign prior to any service.

Sometimes offices offer "Free Hearing Tests". In general, free hearing tests are not really free; instead they are a lure to invite you into their offices so that they may sell you hearing aids. In many cases the evaluation is not complete enough to fit you with hearing aids and is only finished once you have committed to the purchase. If the test is complete, the cost of the test is wrapped up in the price of the devices you purchase. At Southwest Florida Center for Hearing and Balance we believe that the diagnostic tests we provide are of value in and of themselves whether you decide to follow our rehabilitation recommendations or not. We believe that the doctoral degree our clinicians hold affords our patients accurate, reliable diagnostic data followed by insightful interpretation and honest rehabilitation recommendations. A charge will be assessed for any diagnostic procedure we perform.

All patients must complete our information sheet and provide us with updated insurance information if applicable. We will accept assignment of many insurance benefits. However, we do require that any copays or deductibles be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We accept cash, checks, and many major credit cards.

MEDICARE will pay for an initial hearing evaluation, a cochlear implant evaluation, mapping or testing, and videonystagmography (Balance Testing) when medically necessary and referred by a medical doctor. If your visit is for one of these and you have an order from your doctor, we can expect payment will be made through your insurance company.

Medicare and many insurance companies *do not cover a routine hearing exam annually*, though your audiologist may recommend you have an evaluation to determine the current status of your hearing and to verify the current settings on your hearing aids are appropriate. In addition, if you are purchasing a hearing aid and an evaluation has not been completed within 6 months, Florida Law requires a new hearing exam to be completed prior to being fitted with new hearing aids. Therefore, if your exam is an annual exam, prescheduled after your hearing aids have been fit, or for the purpose of a new hearing aid fitting, you will be expected to pay at the time of service. The cost for a hearing exam is \$125.

Medicare and many insurances also *do not cover wax removal* by an audiologist nor do they cover treatment for BPPV when performed by an audiologist, even though these things are well within the scope of an audiologist's practice. As a result those procedures when performed at Southwest Florida Center for Hearing and Balance will be out of pocket expenses, \$65 for wax removal and \$115 for BPPV treatment.

Not all cochlear implant services are covered by insurances; specifically, troubleshooting and counseling and instruction on how to use the device or its wireless components. Non reimbursed cochlear implant services will be charged \$65 for each half hour of service.

Thank you for understanding our Financial Position and Policy. **Please let us know if you have questions or concerns.**

I have read and agree to adhere to the above financial policy.

X \_\_\_\_\_ Date \_\_\_\_\_



## Southwest Florida Center For Hearing and Balance



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