

Name: _____ Date of Birth ___ / ___ / ___ Age _____
 First MI LastAddress _____
 Street Apt# City State ZipTelephone _____
 Home Cell Work

Marital Status _____ Male/Female

Email _____

Occupation _____ Employer _____

Physician _____ Phone _____

Address _____

Insurance _____
 Primary Secondary**HOW DID YOU HEAR OF US?**
Please be as specific as possiblePhysician(name) _____ Family/Friend(name) _____ Yellow Pages _____
 Internet Website _____ Insurance _____ Other _____
Newspaper Eagle Tribune or Townsman _____ Mail Advertisement _____**ASSIGNMENT OF BENEFITS-RELEASE OF INFORMATION**

I hereby assign all insurance benefits to which I am entitled, including Medicare, Medicaid, private insurance, and any other health plans to Andover Hearing Center, LLC. The assignment will remain in effect until revoked by me writing. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signature _____ Date _____