



Hearbright, an Audiology Corporation

Agility Hearing Care & Devices

2577 Samaritan Drive #755
San Jose, CA 95124
Tel: (408) 358-5093

200 Jose Figueres Ave. #280
San Jose, CA 95116
Tel: (408) 937-8900

2081 Forest Ave Suite 4
San Jose, CA 95128
Tel: (408) 358-5123

Patient's Information

Name First MI Last

Address Apt. #

City State Zip

Home Phone (Area Code) Work (Area Code)

SSN# Date of Birth

email address: check here if you are OK to receive email for appt. reminder

Age Sex: Male Female

Marital Status: Single Married Divorced Widow

Parent's Name(s) (if pt. is under 18)

Is child a full time student: Yes No (If yes, name of school)

Employer's Name

Billing Address (if different from above)

Address Apt. #

City, State Zip Code

Insurance Information (Subscriber's Information)

Subscriber's Relationship to Patient

Self Spouse Parent Other (Please explain)

Name of Insured: First MI Last

Date of Birth Employer Work #

Insurance Carrier

Member ID # Group #

SIGNATURE AUTHORIZATION

I understand that submission of insurance claims is a courtesy and that it is my responsibility to verify insurance coverage information prior to any services rendered. It is my responsibility to provide HearBright with my insurance information. I accept full responsibility for payment of deductible, co-pays, co-insurance, and any other payments that may be required by my health plan or insurance including Medicare and Medi-Cal. I authorize the release of any medical record information needed by the insurance of any claim. I permit a copy of this authorization to be used in place of the original to request payment for medical services provided by HearBright, an Audiology Corporation. I agree to pay attorney fees or other such costs in the event of legal action should it become necessary to collect unpaid balances due. I authorize any testing done by HearBright, an Audiology Corporation. Co-pay or payment is due at the time of service, unless other arrangements have been made. MY SIGNATURE CERTIFIES THAT I HAVE RECEIVED THE PRIVACY PRACTICES NOTIFICATION.

Signature: Date:

check here if signing as a parent or guardian.