Harmony Audiology Services & Solutions

□ New patient registration
□ Update of current patient demographic information

We will make a copy of the front and back of your insurance and ID cards for our records and verify your identity to prevent healthcare fraud. Please bring all insurance cards and a government-issued photo ID with your to the appointment.

Legal Name* Last	First	Middle Initial	**Preferred Name**
Legal Sex (please check one)* □ Female □ Male **While we recognize a number of genders/sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on our insurance must be used on documents pertaining to insurance, billing, and correspondence. If your preferred name and pronouns are different from these, please let us know.*			**Preferred Pronouns**
Date of Birth (MM/DD/YYYY) (if under 18, specify parent/guardian below)	**Social Security Number**		**State ID or License Number**

Your answers to the following questions will help us reach you quickly and discreetly with important information

Home Phone Ok to leave voicemail or message? □ Yes □ No	**Mobile Phone** Ok to leave voicemail or message? □ Yes □ No	**Work Phone** Ok to leave voicemail or message? □ Yes □ No	**Best Number to Use** □ home □ mobile □ work □ if possible, text ok to mobile
Address		City, State	Zip
Email Address			
Emergency Contact Name		Phone Number	Relationship to You
Parent/Guardian Name		Phone Number	Relationship to You
Current Occupation		Employer/School Name	

This information is for demographic purposes only and will not affect your care

Employment Status □ full time □ part time □ retired □ stay at home parent □ unemployed □ other:	Racial Group(s) (check all that apply) □ African American / Black □ Asian □ Caucasian / White □ Native American / Alaskan / Native / Inuit □ Pacific Islander □ other:	Marital Status □ divorced □ married □ partnered □ separated □ single □ widowed □ other:	Do you think of yourself as: □ bisexual □ lesbian, gay, or homosexual □ straight or heterosexual □ something else □ other:
What was your sex assigned at birth? □ female □ male	Ethnicity □ Hispanic/Latino/Latina □ not Hispanic/Latino/Latina □ other:	What is your gender? □ female □ male □ genderqueer or not exclusively female or male	Do you identify as transgender or transsexual? □ yes □ no □ I don't know
Veteran Status: □ Veteran □ not a Veteran	Preferred Language □ English □ other:		

Insurance Information

Primary Insurance Company		
Policy Number	Group Number	Effective Date
Secondary Insurance Company		
Policy Number	Group Number	Effective Date
Guarantor/Responsible Party/Name of Insured		
Social Security Number of Responsible Party/Insured		
Date of Birth of Responsible Party/Insured (MM/DD/YYYY)		
Address of Guarantor	City, State	Zip

Physician Information

Primary Care Physician Name		Phone Number
Office Name and Address	City, State	Zip
Referring Physician Name (if applicable)		Phone Number
Office Name and Address	City, State	Zip

How did you hear about Harmony Audiology Services and Solutions, Inc.? (Check all that apply)

Self-referral? □ Yes □ No	□ Website □ Facebook	□ Newspaper/magazine (please specify) □ Internet Search (please specify)
□ Family member/friend (please provide full name so we may thank them for the referral)		
□ Physician (please specify)		
□ Other (direct mail, event, etc.)		

Additional notes/information:

Signature Page

(initial here)	By initialing this section and signing below, I agree to allow Harmony Audiology Services and Solutions, Inc. to provide me with evaluation and treatment services. I understand that I may revoke this authorization at any time.
(initial here)	By initialing this section and signing below, I acknowledge that I received a copy of the Harmony Audiology Services and Solutions, Inc. Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be available in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available upon request.
(initial here)	By initialing this section and signing below, I authorize Harmony Audiology Services and Solutions, Inc. to send me educational and/or marketing information on the products and services offered by Harmony Audiology Services and Solutions, Inc. No remuneration is involved in this communication. I understand that I may revoke this authorization, in writing, at any time.
(initial here)	By initialing this section and signing below, I agree to accept the financial policies of Harmony Audiology Services and Solutions, Inc. I understand that payment in full is due on the date of service, including all co-pays, co-insurance, deductibles, and payment for non-covered services.

Signature of patient or parent/guardian	**Date**
Printed name of patient or parent/guardian	