INSURANCE VERIFICATION FORM

Insurance Information

Name of Insured___________________________DOB_____________Relationship to Patient ________________

Effective Date______________________

Spouse/Family Member Policy Holder Name________________DOB________Relation To Patient________________
(If Other Than Patient)

Insurance Company______________________ID#___________________ GRP#_____________________

Claims Mailing Address:____ Ins Co. Phone:_________________________

Deductible? Yes__ No___ How Much?________Has Deductible Been Met?_____If Not How Much Left?______________

Co-Pay? Yes__No__ How Much?__________In Network?______Out Of Network?__________

Are We A Participating Provider?__________Our Provider #________________________

Hearing Aid Coverage? Yes___No___If So How Much?______________________How Often?________________

Does Patient Need To Be Referred By ENT?_____________Primary Care Doctor?_________________

Hearing Testing Benefits?______________Does Deductible Apply?___________ Co-Pay_______________

SIGNATURE ON FILE AND AUTHORIZATION

I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN TODAY IS CORR ECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND IT IS MY RESPONSIBILTY TO INFORM THIS OFFICE OF ANY CHANGES.

I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ALL FEES CHARGED BY GULF COAST AUDIOLOGY, FOR SERVICES AND PRODUCTS. I UNDERSTAND THAT FEES ARE PAYABLE UPON RECEIPT OF SERVICES UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

I AUTHORIZE THE AUDIOLOGY STAFF TOPERFORM ANY NECESSARY AUDIOLOGICAL SERVICES THAT I MAY NEED DURING DIAGNOSIS AND TREATMENT WITH INFORMED CONSENT.

I AUTHORIZE PAYMENT OF INSURANCE/MEDICARE BENEFITS TO THE UNDERSIGNED AUDIOLOGIST FOR SERVICES RENDERED, DR. DRIANIS DURAN, AuD. GULF COAST AUDIOLOGY.

I AUTHORIZE GULF COAST AUDIOLOGY TO RELEASE TO MY INSURANCE COMPANY AND/OR THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS, ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS FOR RELATED SERVICES.

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PATIENT SIGNATURE DATE