



Moore Hearing Centers

Phone: 623-250-1500
Fax: 623-250-1599

https://moorehearingcenters.com drmoore@moorehearingcenters.com 14633 N. Del Webb Blvd. - Sun City, AZ

Form with fields for Date (10/1/2024), Audiologist (GM), Personal Information (Last Name, First, MI, Age, Birth Date, Street, Occupation, City, State, Zip, Employer, Home Phone, Cell Phone, Company, Company Phone, Family Physician, Physician Referred By, Physician Street, Physician City, State, Zip, NPI, Referral Source, Referral Detail), and Insurance Information (Primary Insurance, Primary ID#, Secondary Insurance, Secondary ID#).

Receipt of Notice of Privacy Practice - Written Acknowledgment Form

I, , have received a copy of Hearing Evaluation Services's Notice of Privacy Practices. You may discuss My Protected Health Information with the Following Parties:

Signature of Patient

Date

Hearing Evaluation Services may participate with my insurance however, Hearing Evaluation Services does not participate with MEDICAID. I understand that all deductibles, copays and services not covered by my insurance company, are my responsibility. If I fail to obtain a valid and current referral and/or script, I am responsible for payment of any charges. Hearing Evaluation Services will file insurance claims on my behalf. I also understand that as a part of my treatment, payment or healthcare services, it may become necessary to disclose my health information to another entity and I consent to such disclosure for these permitted uses, including via fax. I authorize payment of medical benefits to the undersigned supplier for services.

Signature of Patient

Date