



Weill Cornell Medicine

Hearing & Speech Center

ADULT INTAKE FORM

Name: _____ Date: _____

Referring Physician: _____ Occupation: _____

Reason for today's visit:

Previous surgeries and hospitalizations:

Medications (include vitamins, over the counter, herbal):

History of:

- | | | |
|---|------------------------------|-----------------------------|
| Abnormal Renal Function (Kidney Problems) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension (High Blood Pressure) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neurologic Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Migraines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you feel you have hearing loss?

Yes

No

If yes, for how long?

In which ear?

Right

Left

Both

Prior use of hearing aids?

Yes

No

If yes, when?

Which ear?

Right

Left

Both

What kind?

Were you satisfied with them?

Yes

No

Have you ever had an ear infection or ear surgery?

Yes

No

If yes, when?

Which ear?

Right

Left

Both

Do you ever experience tinnitus (noises in the ears)?

Yes

No

If yes, for how long?

In which ear?

Right

Left

Both

Are the noises constant or intermittent?

Constant

Intermittent

Please describe the noise as best you can:

Do you ever experience dizziness or imbalance?

Yes

No

If yes:

When was the onset?

How many episodes?

Any vomiting/nausea?

Please describe the dizziness

Have you ever been exposed to loud noise?

Yes

No

For how long?

Did you wear ear protection?

Yes

No

Have you ever had a head injury?

Yes

No

If yes, was there any loss of consciousness?

Yes

No

Do you have hearing loss in your family?

Yes

No

Which family member?

Cause of hearing loss (if known)?

Provider Signature

Date



Financial Policy

Welcome to the Department of Otolaryngology-Head & Neck Surgery.

The following is a statement of our financial policy. We hope this gives you a better understanding of how our billing works.

Financial Policy

Patients have many different types of insurance and payment options for services rendered. Also, not all physicians in the practice accept the same type of insurance. The three most common scenarios are outlined below. Please read the following and if you have any question or concerns please call the office of the physician you are seeing.

Participating Plans

In this scenario the physician you will see participates with your insurance plan. It is your responsibility to ensure your physician is in fact currently a provider in that plan. At the time of service you will be responsible for all co-payments and co-insurances as outlined by your plan coverage. We will collect your co-insurances and deductibles in advance if you are having a procedure in the office or hospital. The Medical College will then forward a bill to your insurance carrier who will confirm if any additional payments are due from you. You will receive written notification of such decision and may ultimately be responsible for such payments as determined by your insurance company. If your plan requires a referral, please present the referral at the time you check-in. If you do not have a referral you may have to reschedule your appointment.

Non-Participating Plans

In this scenario the physician you will see does not participate in your insurance plan. Payment of services is due at the time of the visit. We can submit the claim directly to your carrier or a claim can be mailed directly to you.

Medicare

For any of our providers that participate with Medicare, we will bill Medicare directly for your service and Medicare will send payment directly to the physician. You will be responsible for any deductible or co-insurance. If your physician does not participate with Medicare you will be responsible for payment at the time of service, and your claim will then be forwarded to Medicare and they will reimburse you directly.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment

Cash, Check, MasterCard, Visa, Discover and American Express card are recognized forms of payment.

We hope this information is helpful; Again, if you have any questions or concerns, please contact your physician's office.

Signature of Patient or Responsible Party

Date