

Mid-Columbia Ear, Nose & Throat, P.L.L.C.

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PATIENT INFORMATION

Patient Name: _____ Birth Date: _____ Male Female

Home Address: _____

Home phone: () _____ Work Phone: () _____ Cell Phone: () _____
City State Zip code

Patient Email address: _____ Social Security No. _____

Patient's Employer/School: _____ Phone: () _____

Spouse/Parent Name: _____ Employer: _____ Phone: () _____

I authorize you to discuss my protected health information with the following individuals: _____

Emergency contact: _____ Relationship: _____ Phone: () _____

Referred by: _____ Preferred Pharmacy: _____

How did you hear about us? Word of mouth Physician Yellow pages Drove by the office Hospital Other: _____

BILLING INFORMATION

Name of person responsible for the bill: _____ Parent Legal Guardian

Parent or Legal Guardian's Social Security Number: _____

Address (if different from above): _____

Home Phone (if different from above): () _____ Employer: _____
City State Zip code

Employer Address: _____ Work Phone: () _____

IN ORDER TO BILL YOUR INSURANCE, WE MUST HAVE A COPY OF YOUR INSURANCE CARD

Primary Insurance: _____ Policy Holder: _____

Birth Date: _____ Group No. _____ ID No. _____ Subscriber's Employer: _____

Secondary Insurance: _____ Policy Holder: _____

Birth Date: _____ Group No. _____ ID No. _____ Subscriber's Employer: _____

Additional Insurance Information: _____

Consent to the Use and Disclosure of Protected Health Information

I understand and have been provided with a Notice of Privacy Practices that provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

SIGNATURE: _____ NAME: _____ DATE: _____

PATIENT IS ULTIMATELY RESPONSIBLE FOR ALL INCURRED CHARGES