



Patient Name:			Social Security Number:		Sex: Male Female	
MAILING Address:			Date of Birth:		Age:	
City:		State:	Zip Code:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Street Address, if different Zip			City, State, Zip		RACE: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asia, India, Pakistan <input type="checkbox"/> Black/African American <input type="checkbox"/> More than one race <input type="checkbox"/> Decline to report <input type="checkbox"/> Other	
Home Phone:		Cell Phone:		ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		
Work Phone:		Email Address:		Language Preference: <input type="checkbox"/> English Specify if not English:		
Employer:			Full Time Part Time		Retired? No Yes	
Date of Retirement:			City:		State: Zip Code:	
In School? No Full Time Part Time			Name of School:			
Work Phone:		Occupation:		How Did You Hear About AOA?		
Emergency Contact Name:			Relation to Patient: Spouse Son/Daughter Parent Friend Other			
Street Address:			Phone Number:			

AUTHORIZATIONS AND RELEASES

Please initial each section and sign at the bottom. If you have any questions, please do not hesitate to ask.

Treatment Authorization

_____ I authorize you to give me reasonable and proper medical care by today's standards.

Patient Contact Release

_____ I authorize Athens Oconee Audiology to text me with appointment reminders. All text messages are sent using a HIPAA compliant automated system.

_____ I authorize Athens Oconee Audiology to leave a voicemail at the numbers below if they are unable to reach me by phone.

Home: Yes No

Cell Phone: Yes No

Work: Yes No

Financial Policy

_____ **By initialing here and signing below**, I acknowledge and agree to the terms of the financial policy as outlined below:

We will try to answer questions regarding health insurance coverage, but your insurance contract is between you and your insurance company. Since we are not party to that contract, we suggest that you speak to your carrier to get a clear understanding of your coverage. Our relationship is with you and not your insurance company.

We will submit claims directly to your insurance carrier. You must realize that not all services are covered by all insurance carriers. Each carrier determines what they will cover (pay for).

We participate in some insurance plans, but not in others. If we are not participating providers in your medical insurance plan, then your medical insurance plan may pay some of the charges for care provided, but you are responsible for charges and fees not paid by the insurance carrier.

Payments for services, including co-payments, are due at the time services are rendered. We accept cash, checks, Visa, MasterCard, American Express, Discover and Care Credit. Any payment received directly to you from your insurance company for services rendered by Athens Oconee Audiology must be sent to our office immediately.

Returned checks may be subject to a fee of \$25.00. Interest will be charged on delinquent accounts. Failure to settle an account balance may result in collections proceedings and a 30% collection fee will apply. Missed appointments may be subject to a \$50 no show fee.

Medicare Lifetime Signature on File (if applicable)

_____ **By initialing here**, I request that payment of authorized Medicare benefits be made to Athens Oconee Audiology for any services furnished to me by a member of this group. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services any information needed to determine these benefits or benefits payable for related services.

Acknowledgement of Receipt of Notice of Privacy Practices

_____ **By initialing here**, I acknowledge that I received a copy of Athens Oconee Audiology’s 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 posted in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available.

Authorization to Use and Disclose Health Information

_____ **By initialing here**, I request and authorize Athens Oconee Audiology to disclose my protected health information as described below. I understand that if the person/organization authorized to receive and use the information is not a health plan or health care provider, the disclosed information may no longer be protected by federal privacy regulations.

My protected health information may be used or disclosed to the following: (Please list any family members or caregivers who assist in your care. If none, put NONE.)

By signing below, I assert that I have read and agree to the checked terms described above.

Patient/Guardian Signature

Date

Patient/Guardian Name

Athens Oconee Audiology
1360 Caduceus Way, Building 200, Suite 101
Watkinsville, GA 30677

Hearing Needs Assessment

1. What is your hearing aid experience?
- I have a hearing aid and use it regularly on the ___ right ear ___ left ear.
 - I have a hearing aid, but do not use it or use it occasionally.
 - I have tried a hearing aid, but returned it.
 - I have inquired about hearing aids at another office, but did not purchase at that time.
 - I have never used a hearing aid.

2. What motivated you to come in today? _____

3. How motivated are you to wear and use hearing aids? (Please circle number)

1 2 3 4 5
 Not Very Motivated ----- Very Motivated

4. Please check the box corresponding to your ability to hear in the situations listed and check how often you are in that situation.

Listening Situation	How well do you hear in this situation?			How often are you in this situation?		
	Poor	Fair	Good	Rarely	Sometimes	Often
Quiet Room (1-2 people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places of Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings/Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Gatherings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Voices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. List 3 things you would change/improve about your hearing aid fitting.
- a. _____
 - b. _____
 - c. _____

6. List 3 goals for improved communication.
- a. _____
 - b. _____
 - c. _____



ATHENS OCONEE AUDIOLOGY

Characteristics of Amplification Tool (COAT)

Name: _____

Date: _____

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most appropriate for **you**. By working together **we** will find the best solution for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible. Thank you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

2. How important is it for you to hear better? Mark an X on the line.

Not Very Important ----- *Very Important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not Very Motivated ----- *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect them to:

Not be helpful ----- *Greatly improve my at all hearing*

5. What is your most important consideration regarding hearing aids? Rank order the following factors with **1** as the most important and **4** as the least important. Place an **X** on the line if the item has no importance to you at all.

___ Hearing aid size and the ability of others not to see the hearing aids

___ Improved ability to hear and understand speech

___ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)

___ Cost of the hearing aids

6. Do you prefer hearing aids that: (check one)

- are totally automatic so that you do not have to make any adjustments to them.
- allow you to adjust the volume and change the listening programs as you see fit.
- no preference

7. Look at the pictures of the hearing aids. Please place an X on the picture or pictures of the style you would **NOT** be willing to use. Your audiologist will discuss with you if your choices are appropriate for you – given your hearing loss and physical shape of your ear.



8. How confident do you feel that you will be successful in using hearing aids.

Not Very Confident ----- *Very Confident*

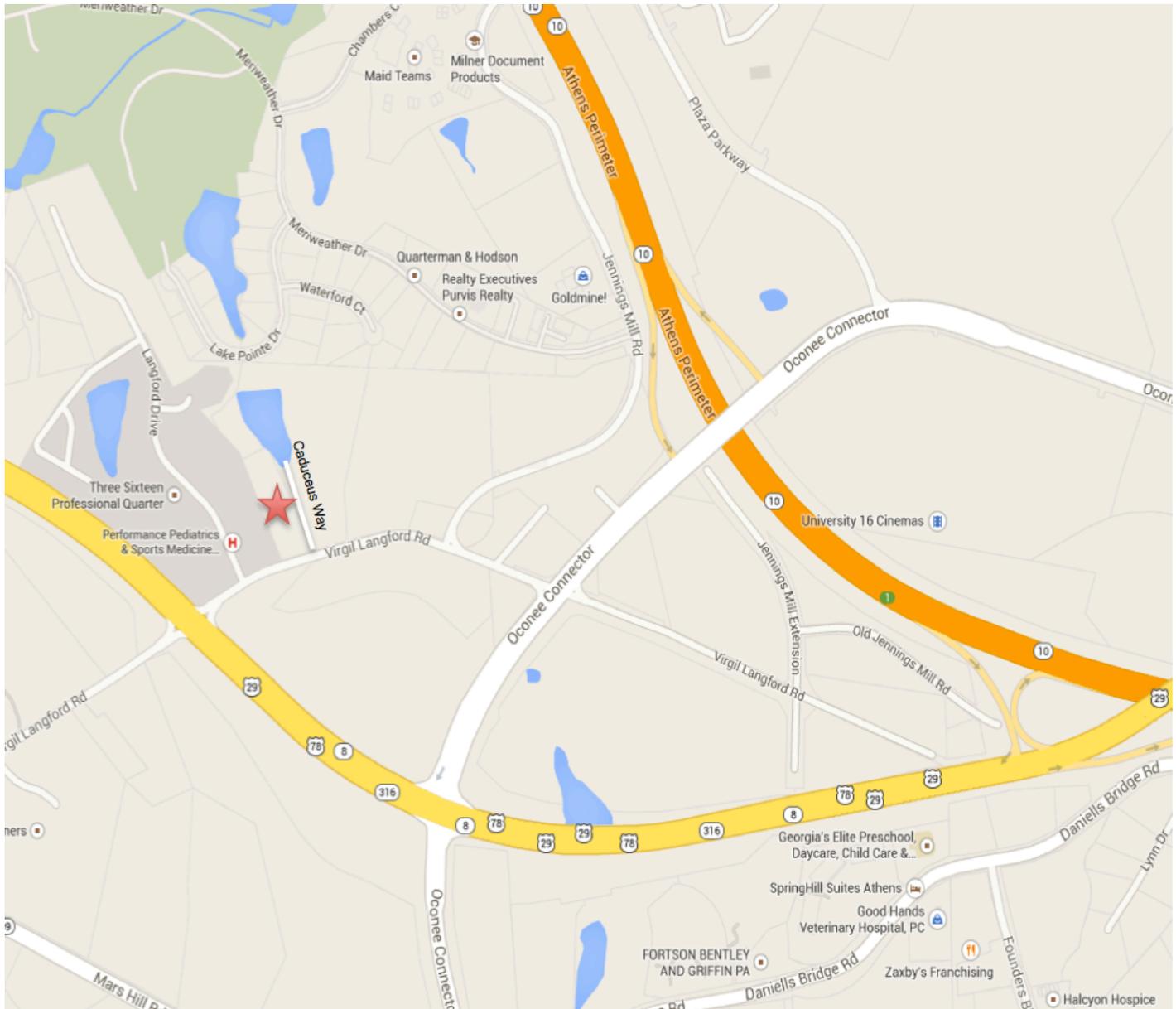
9. There is a wide range in hearing aid prices. The cost of hearing aids depends on a variety of factors including the sophistication of the circuitry (for example, higher level technology is more expensive than the more basic hearing aids) and size/style (for example, the CIC hearing aids are more expensive than the BTE instruments). The price ranges listed below are for **two** hearing aids. Please check the cost category that represents the maximum amount you are willing to spend. Please understand that you are not locked into that price range. It is just very helpful for us to know your budget so that we can provide you with the most appropriate hearing aids.

- Basic Plus hearing aids: Cost is between \$2,500 \$ to \$4,000
- Mid-level digital hearing aids: Cost is between \$3,500 to \$5,000
- Premium digital hearing aids: Cost is between \$4,600 to \$6,200

**Thank you for answering the questions.
Your responses will assist us in providing you with the best hearing healthcare.**

Directions to Athens Oconee Audiology

1360 Caduceus Way, Building 200, Unit 101, Watkinsville, GA 30677 | 706-310-7115



From Atlanta:

1. Get on I-75/I-85 N
2. Take GA-316 E/ University Pkwy to Oconee Connector (63 mi.)
3. Turn left onto Oconee Connector
4. Turn left onto Virgil Langford Rd
5. Turn right onto Caduceus Way
6. AOA is in second building on left, #200

From Athens:

1. Take Atlanta Hwy towards GA Square Mall
2. Stay left to take Epps Bridge Pkwy
3. Turn right on the Oconee Connector at Lowe's
4. Turn right on Virgil Langford Rd
5. Turn right on Caduceus Way
6. AOA is in second building on the left, #200

From GA-10 Loop:

1. Take exit 1 for US-78/GA-316 W
2. Turn left onto US-78 W/ GA-316 E
3. Turn right onto Virgil Langford Rd
4. Turn left onto Caduceus Way
5. AOA is second building on left, #200

From Watkinsville:

1. From GA-15 N, turn left onto GA-53/Experiment Station Rd
2. Continue onto Oconee Connector
3. Turn left onto US-29 S/ US-78 W
4. Turn right onto Virgil Langford Rd
5. Turn left onto Caduceus Way
6. AOA is on second building on left, #200