

Today's Date	PATIENT PROFILE	Physician Seeing Today

PATIENT INFORMATION

Patient's Full Name: _____ Age: _____ Social Security #: _____
Last First Middle Initial

Street Address: _____ Apt#: _____ City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Marital Status: Married Single Divorced Widowed

Date of Birth: _____ (Mo) _____ (Day) _____ (Yr) Sex Male Female

Work Telephone: (____) _____ Employer: _____

Referring **or** Primary Care Physician: _____
Full Name Address Telephone

RESPONSIBLE PARTY Same as Patient

Name: _____ Home Telephone Number: (____) _____

Date of Birth: _____ (Mo) _____ (Day) _____ (Yr) Sex Male Female

Street Address: _____ Work Telephone Number: (____) _____

City: _____ State: _____ Zip Code: _____ Social Security #: _____

Employer: _____

PRIMARY INSURANCE Same as Patient Same as Responsible Party Other

Company: _____ Relationship to Patient: _____

Insured ID: _____ Insured Card Holder: _____

Policy Group: _____ Insured Address: _____

Insured Social Security #: _____ City, State, Zip: _____

Insured Date of Birth: _____ (Mo) _____ (Day) _____ (Yr) Insured Phone: (____) _____

Sex: Male Female

SECONDARY INSURANCE COMPANY Same as Patient Same as Responsible Party Other

Company: _____ Relationship to Patient: _____

Insured ID: _____ Insured Card Holder: _____

Policy Group: _____ Insured Address: _____

Insured Social Security #: _____ City, State, Zip: _____

Insured Date of Birth: _____ (Mo) _____ (Day) _____ (Yr) Insured Phone: (____) _____

Sex: Male Female

The above information is correct as of the date documented below:

Assignment of Benefits: I hereby assign all medical and/or surgical benefits to which I am entitled including major medical, Medicare, private insurance and any other health plans to Akron ENT Associates, Inc. This agreement will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said Insurance. I hereby authorize said assignees to release all information necessary to secure the payment. PAYMENT IS EXPECT AT THE TIME SERVICE ARE RENDERED.

SIGNED _____ DATE _____



• Patient Information •

GENERAL INFORMATION

With this booklet, we have tried to give you as much information about our practice as possible, and to anticipate your questions and needs regarding your health. We feel that the more you know about our policies and methods of practice the more we can be of service to you. An otolaryngologist (E.N.T. physician) is a physician specially trained to treat and perform surgery on the ear, nose and throat areas. Our training includes facial plastic surgery and head and neck tumor surgery.

APPOINTMENTS

Regular office hours are from 8:30 a.m. to 5:00 p.m. Monday through Friday. Of necessity, the doctor must work by appointment. This gives him an opportunity to allocate his times and proves to be more convenient for the patient. We appreciate that illness may occur at inconvenient times and that emergencies will occur. As a result, strict adherence to a schedule is not always possible. However, a sincere effort is made to adhere to the schedule as closely as possible.

Our patients can help our office run more efficiently and limit waiting periods. Please do not ask that other members of the family be worked in at the time of your scheduled appointment. This will make adherence to a schedule difficult and is not fair to the patient with the following appointment. If you cannot keep an appointment, please notify the office long before the scheduled appointment as possible. This courtesy on your part makes it possible to give an appointment to another patient who desires to see the doctor. At the time of your appointment, please advise the receptionist if there has been a change of your address and telephone number, or insurance coverage.

WHY ALL THE QUESTIONS?

Shortly after you have registered with the receptionist, she will ask you to fill out forms which may seem to you to be an invasion of your privacy. These questions are a necessary part of the examination, for at a glance the doctor will obtain essential data about you. Your address and phone number are needed in case the doctor writes prescriptions for you. Information concerning your occupation, age, etc. is likewise important, for it has a bearing on your health and physical status. If you have any insurance forms filled out by this office, all these items are necessary for the forms. Questions will also be asked about your past medical history and details about your present illness. Give some thought to your medical history, for by doing so you are not likely to omit some important facts which the doctor should know.

TELEPHONE CALLS

Our office staff is trained to answer most questions should you call and request information. If one of our assistants is unable to answer your questions, she will obtain your chart, consult your doctor and then call you back. Calls that your doctor personally has to return may be made during or after office hours as time permits. If you have reason to think that medication will be required, please have the phone number of your pharmacy available, and also, if possible, have the number of your prescription available. Please try to call during regular working hours.

REACHING THE DOCTOR

During the week or weekend, one doctor is on call at all times and may be reached by calling 330-762-8959. Although each physician has his own patients, we are associates and one of us is always available. It is best to contact your doctor during regular working hours should a question arise. However, on weekdays, after 5:00 p.m., and on weekends, should an emergency arise necessitating you to seek medical help, your call will be automatically transferred to the Summit County Medical Society and they will place you in contact with the physician taking emergency calls. When an acute illness arises, we request that your family physician, internist, or pediatrician be contacted for advice and treatment. We should be reached if so advised by your primary physician or if a problem arises with regard to surgery or treatment administered through this office.

AUDIOGRAM

An audiogram is a hearing test. If you are having difficulty with your ears, a hearing test may be necessary. Also, if you are having vertigo (dizziness), a hearing test is usually given. An audiologist is an individual who has an advanced college degree in the study of hearing. All hearing examinations performed in this office are performed by an audiologist. This is done in order to gain as much information as possible regarding any abnormality of hearing. Hearing problems may be demonstrated relatively easily at times, or may require sophisticated extensive testing. Testing will be done only to the extent that it will help us better understand and explain to you your difficulty. At the completion of the hearing testing, you will have an opportunity to discuss the test with your doctor when he reviews the results.

HEARING AIDS

Many times a hearing loss cannot be corrected with medicine or surgery and a hearing aid may be recommended. A separate appointment will be scheduled for a hearing aid evaluation with our audiologist. The hearing aid evaluation will enable the audiologist to choose the most appropriate type and style of hearing aid(s) for your particular type of hearing loss. The audiologist will then discuss the recommendations with you. The direct telephone number of our hearing department is 330-762-9411.

X-RAYS

Occasionally, in order to fully evaluate your problem, it may be necessary to have x-rays taken. Head and neck x-ray facilities and a registered radiographer are available in our office. We will review these films with you and explain the findings. If more sophisticated x-rays or special tests are needed, these will be ordered in one of the regional hospitals which have this added equipment. We will notify you of these test results when the reports are sent here.

SPECIAL INNER EAR TESTS

Electronystagmography (ENG) is a special test for balance function and Brainstem Audiometry (BAER) is a special test to locate problems along the nerve of hearing. If medically indicated, a separate appointment is scheduled for these tests and you will be provided with all the necessary information.

FEES

Fees charged for consultation in this office are comparable with those charged by other competent ear, nose and throat specialists. Hearing tests, x-rays, and special procedures require an additional charge, depending on the time, the skill, and additional equipment necessary for their performance. Information regarding fees may be obtained prior to examination by asking one of the receptionists. Payment is requested for office services at the time they are rendered. An estimate of the charge for any surgery will be given when requested, although it may be impossible to quote an exact figure because of unforeseen complications which might arise. A specified period of post-operative care will be included in the charge for most operations. This includes routine postoperative treatment directly related to the surgery, but not unexpected complications or unrelated conditions which might arise.

BILLING AND INSURANCE

Monthly statements will be sent to you for surgeries before and after your insurance claim is filed. Arrangements with some insurance companies provide that you will receive payment from the insurance company, and you are then responsible for payment to the doctor. The doctors at Akron E.N.T. Associates, Inc. have established fees for professional services to their patients. These fees are usually, but not necessarily, the same as your insurance company would consider to be usual and customary. We are sympathetic to the financial strains that illnesses and accidents create and if special financial arrangements are necessary, please contact the office staff. If you have more than one type of insurance coverage, and we are required to fill out more than two forms for you, there will be a charge of \$5.00 per additional form. This includes proof of disability forms. The direct phone number of our bookkeeping department is 330-762-4607.

CONCLUSION

We hope that this pamphlet will be useful in explaining our office procedures. The primary concern of the doctors at Akron E.N.T. Associates, Inc. is to help our patients solve their health problems as easily and efficiently as possible. Please keep this pamphlet readily available for easy reference.

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