Tucson Ear, Nose, & Throat Associates, P.C.

Stanley W. Coulthard, M.D. • Robert B. Cravens, Jr., M.D. • Robert L. Dean M.D. • Joe M. Huerta, M.D.
William R. LaMear, M.D. • David A. Parry, M.D. • Keith C. Soderberg, M.D. • Elias D. Stratigouleas, M.D.
Audiologist: Stephanie M. Navarrete, AuD. • Jon C. Richins, M.C.D. • Kristen M. Schmidt, M.S. • Abel Smith, M.S. • Chris Wahl, AuD.

PATIENT INFORMATION New Established

Legal Name_____ Gender M F
First Name Last Name Middle

Mailing Address_____ Date of Birth_____

City, State, Zip Code _____ Marital Status Married Single Divorced

Phone _____ Home Referring Physician _____
First Last

Phone _____ Cell Primary Physician_____
First Last

PATIENT EMPLOYMENT

Employed Retired Unemployed Other

Employer_____ Phone_____

EMERGENCY CONTACTS

Name_____

Relationship_____Phone_____

PLEASE COMPLETE IF PATIENT IS A MINOR

Parent/Guardian Name_____ Phone_____ Date of Birth_____

PRIMARY INSURANCE INFORMATION

Patient Relationship to Policy Holder: Self Spouse Child/Other

Primary Insurance _____ Policy Holder/Member ID _____
(Social Security # if used as ID)

Policy Holder Name_____ Policy Group Number _____

Policy Holder Address_____ Date of Birth _____

Employers Name_____ Copay Amount _____

SECONDARY INSURANCE INFORMATION

(If Medicare is secondary, please indicate reason)

Patient Relationship to Policy Holder: Self Spouse Child/Other Disabled Working Age Other

Secondary Insurance _____ Policy Holder/Member ID _____
(Social Security # if used as ID)

Policy Holder Name_____ Policy Group Number _____

Policy Holder Address_____ Date of Birth _____

Employers Name_____ Copay Amount _____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF MEDICAL BENEFITS:
Tucson Ear Nose & Throat is contracted with many insurance plans, some which require appropriate referrals. Obtaining this referral is the patient's responsibility. If seen without the necessary authorization and eligibility, or the services provided are a non-covered benefit, I am responsible for any charges incurred, which includes hearing tests. I authorize that all insurance benefits be paid directly to Tucson Ear Nose & Throat. I also authorize the release of medical information to process my claims, to obtain or release information to other physicians or myself.

I VERIFY THAT THE ABOVE INFORMATION IS CURRENT AND CORRECT.

Signature: _____Date: _____

ACKNOWLEDGEMENT OF PRIVACY PRACTICES:

I acknowledge that I have been informed that the Notice of Privacy Practices for Tucson Ear Nose & Throat, P.C. is posted in the office for review.

Signature: _____Date: _____