UNC GREENSBORO
Speech *and* Hearing Center

CLIENT INFORMATION

Today's Date _____ Check one: New Client ☐ Returning Client ☐

Client's Name (First/MI/Last):_____

DOB (mm/dd/yyyy): _____Gender: Male ☐ Female ☐ Other ☐

Address: _____

City: _____State: _____Zip:_____

Preferred phone for messages: _____ Alternative phone: _____

Are you a US Citizen? Yes ☐ No ☐ Are you currently a student or employee at UNCG? Yes ☐ No ☐

Are you currently a student or employee at an area college? Yes ☐ No ☐ Where?_____

Emergency Contact Person (First/Last):_____

Relationship to Client: _____ Phone: _____ Alternative Phone:_____

Complete this section if the client is under age 18 years or is 18 years and over with a legal guardian.

Legal Guardian (First/Last): _____ Relationship to Client:_____

Address: [Check here if same as above ☐] _____

City: _____ State: _____Zip: _____

Preferred phone for messages: _____ Alternative phone: _____

Complete this section if you have Medicare Part B, PPO, or Out of Network Insurance Coverage.

****HMO and Medicaid plans are excluded**** *Medicare requires a doctor's referral in writing for medically necessary services. Not all services are covered by insurance and payment by your insurance is not guaranteed. Check with your insurance company prior to your appointment if you have questions about coverage of services.*

Primary
Insurance: _____Policy or ID #: _____ Group #_____

Other: _____ Policy or ID #: _____ Group #_____
(Secondary/Supplementary Insurance)

Copies or picture of the front and back of your valid Medicare and/or other insurance cards are needed to bill your insurance. Please submit prior to your appointment by emailing securely: billing@csdshc.uncg.edu.

I understand I am responsible for charges not covered by insurance and that payment in full is required on the day of service except for services covered by Medicare Part B. I authorize payment of medical benefits to the UNCG Speech & Hearing Center for services rendered.

⇨ Signature: _____Date: _____
[Client or Legal Guardian]