SHA
Sumter Hearing Associates
Sumter Hearing Associates
Phone: 803-469-7770
Fax: 803-469-7701
1116-F Alice Drive - Sumter, SC 29150

Patient Information Form

Salutation [Circle one]: Mr. Mrs. Dr. Miss Ms.

Last Name _____ First Name _____ MI _____

Birthdate _____ Gender _____ Email _____

Phone- Home_____Cell_____Work _____

[optional] - Social Security #_____ SS# of Guardian (if minor)_____

Mailing Address (Street) _____

City _____ State _____ Zipcode _____

Emergency contact _____ Phone #_____

Whom may we thank for referring you to our office? _____

Primary Care Physician _____

Primary Insurance _____ Insurance ID# _____

Name of Policy Holder _____ Policy holder's birthdate _____

Secondary Ins._____ Insurance ID# _____

Who is financially responsible for this visit? _____ Phone _____

Payment is expected at the time of service-to include insurance deductibles and/or co-payments unless prior arrangements have been made.

Signature: _____ Date _____

Parent Signature (if Minor)_____ Date _____