

□ 160 West Street, Bld 1
Cromwell, CT 06416
860 632 5003

□ 4 Grove Beach Rd North, Suite D
Westbrook, CT 06498
860 552 4695

Center for Better Hearing, LLC

Sarah Proulx, Au.D., CCC-A
Megan Blanchette, Au.D., CCC-A
Curdicia Gilbert, Au.D., CCC-A

Date of Birth: _____ Age: _____ Marital Status: M / S / W / D

Name: _____
First Last

Address: _____
Street City State Zip

- () Home Telephone: _____
() Cell Phone: _____
() Employer Telephone: _____ Occupation: _____
() Email Address: _____

(Please check preferred method of contact above)

Who referred you to our office? _____

Who is your primary care physician? _____ Phone: _____

Primary Insurance: _____ ID# _____ Group # _____

Secondary Insurance: _____ ID# _____ Group # _____

Assignment of Benefits – Release of Information

I hereby assign all insurance benefits to which I am entitled, including Medicare, Medicaid, private insurance, and any other health plans to CFBH, LLC. The assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information that is necessary to secure payment.

Patient/Parent/Guardian Signature

Date