

Welcome to our office! We want to thank you for choosing our office for your hearing healthcare. We will personally do everything possible to deserve your trust. We see this as the beginning of a great relationship!

One of the benefits of working with a local provider as opposed to a larger medical office or national chain is that our office prides itself on treating every patient like an important individual, not a name or number. We take time to listen to your concerns and find out specifically where you are having trouble hearing, who you are having trouble hearing and where you would like to hear better. As a Doctor of Audiology, I realize that it is my responsibility to keep up with the latest developments in hearing healthcare and bring that information back to patients. That's why I take continuing education classes and am an active member in a number of professional organizations. I will continually pass on new knowledge to you through my on-going care.

The vast majority of patients can be treated easily right here in our office. If a hearing loss is confirmed, I can give patients an in-office demonstration about how hearing technology works and give them a sneak-peek at what they can expect from amplification. This is the reason I feel it is vital that you bring a family member or friend with you to your initial appointment. A familiar voice is important in the demonstration process.

So why do I do these things? The answer may seem cliché or simple but the fact is that I truly care about what I do. I see every day what an amazing impact better hearing has on my patients. I see people that were once withdrawn and lonely rejoin the conversation and start living and interacting again. I see people that were once exhausted and fatigued from the strain of listening so intently on a conversation suddenly be rejuvenated by better hearing through hearing aids. I chose the field of Audiology due to the long-term nature of the relationship that Audiologists have with their patients. It is my goal that you will be a lifetime patient of Coastal Audiology, that you will feel comfortable with every aspect of your experience and happy that you chose Coastal Audiology for your hearing healthcare needs.

Lastly, we have an educational video on hearing loss and hearing aid technology on our website. We encourage you to visit www.coastalaudiology.com, scroll down, and click on the "click here" tab to watch our award-winning video. The seminar will take approximately 25 minutes to complete, but it is definitely worth the investment of your time. Additionally, we have a short (about 8 minutes) video in our office, that, if it is determined you would benefit from hearing aids, we'll ask you to watch prior to discussing amplification options for you. I also have a blog, linked to the Free Resources on our website where I can discuss at length new technology, how-to videos, and other important information for our patients.


I look forward to meeting you and getting you on the road to improved communication!

Kind Regards,

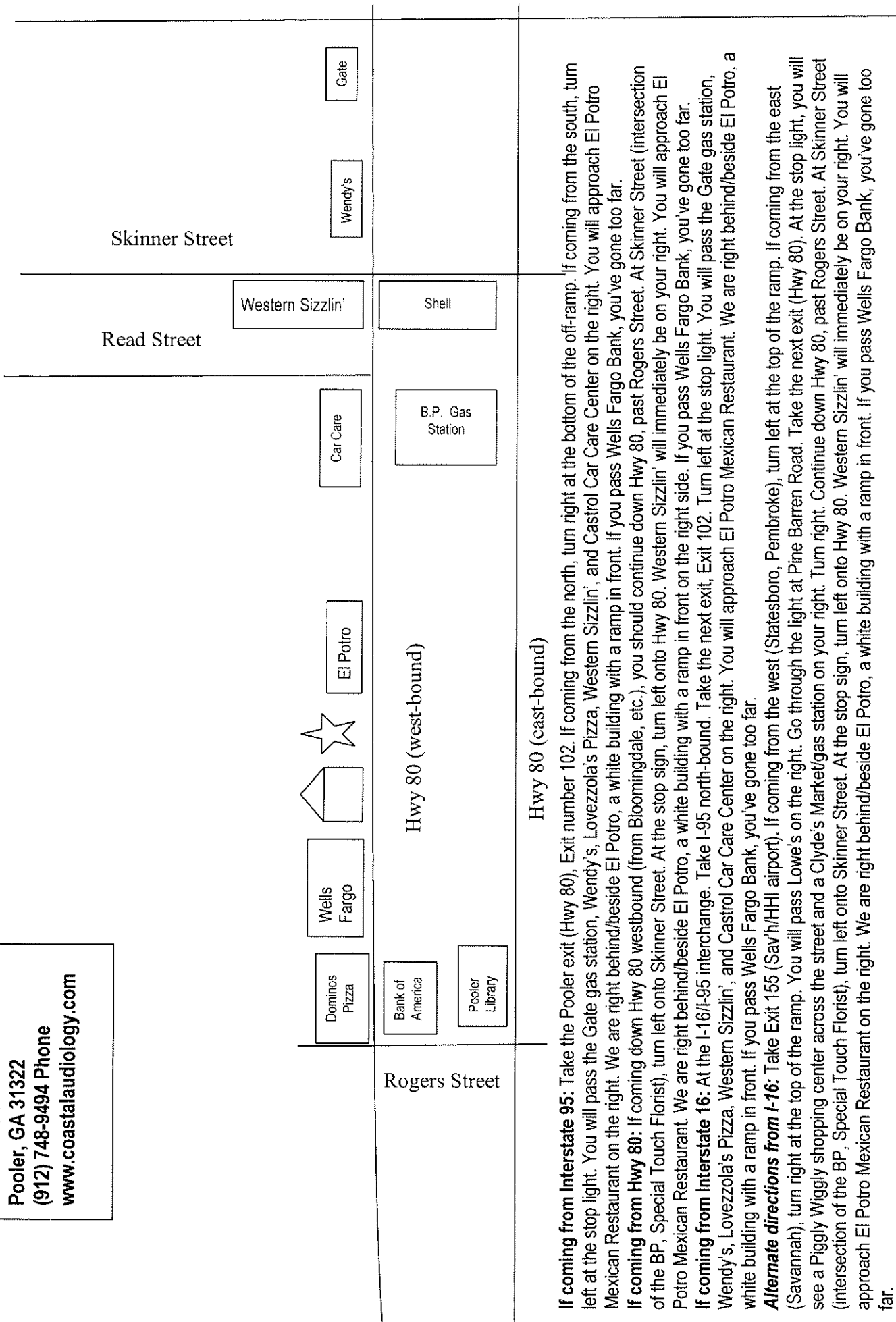
Dawn H. MacMillan

Dawn H. MacMillan, Doctor of Audiology
President, Coastal Audiology, Inc.

Map not to scale



Coastal Audiology
 216 E. Hwy 80
 P.O. Box 52
 Pooler, GA 31322
 (912) 748-9494 Phone
www.coastalaudiology.com



If coming from Interstate 95: Take the Pooler exit (Hwy 80), Exit number 102. If coming from the north, turn right at the bottom of the off-ramp. If coming from the south, turn left at the stop light. You will pass the Gate gas station, Wendy's, Lovezola's Pizza, Western Sizzlin', and Castrol Car Care Center on the right. You will approach El Potro Mexican Restaurant on the right. We are right behind/beside El Potro, a white building with a ramp in front. If you pass Wells Fargo Bank, you've gone too far.

If coming from Hwy 80: If coming down Hwy 80 westbound (from Bloomingdale, etc.), you should continue down Hwy 80, past Rogers Street. At Skinner Street (intersection of the BP, Special Touch Florist), turn left onto Skinner Street. At the stop sign, turn left onto Hwy 80. Western Sizzlin' will immediately be on your right. You will approach El Potro Mexican Restaurant. We are right behind/beside El Potro, a white building with a ramp in front. If you pass Wells Fargo Bank, you've gone too far.

If coming from Interstate 16: At the I-16/I-95 interchange. Take the next exit, Exit 102. Turn left at the stop light. You will pass the Gate gas station, Wendy's, Lovezola's Pizza, Western Sizzlin', and Castrol Car Care Center on the right. You will approach El Potro Mexican Restaurant. We are right behind/beside El Potro, a white building with a ramp in front. If you pass Wells Fargo Bank, you've gone too far.

Alternate directions from I-16: Take Exit 155 (Sav/h/HI airport). If coming from the west (Statesboro, Pembroke), turn left at the top of the ramp. If coming from the east (Savannah), turn right at the top of the ramp. You will pass Lowe's on the right. Go through the light at Pine Barren Road. Take the next exit (Hwy 80). At the stop light, you will see a Piggly Wiggly shopping center across the street and a Clyde's Market/gas station on your right. Turn right. Continue down Hwy 80, past Rogers Street. At Skinner Street (intersection of the BP, Special Touch Florist), turn left onto Skinner Street. At the stop sign, turn left onto Hwy 80. Western Sizzlin' will immediately be on your right. You will approach El Potro Mexican Restaurant on the right. We are right behind/beside El Potro, a white building with a ramp in front. If you pass Wells Fargo Bank, you've gone too far.

Welcome to Coastal Audiology
Please complete ALL information!!!

PATIENT INFORMATION:

NAME: Dr./Mr./Mrs./Ms./Miss: _____
First Middle Initial Last Name of Person with you today

ADDRESS: _____ CITY _____ ST _____ ZIP _____

DAY PHONE: _____ MOBILE: _____ OTHER: _____

GENDER: MALE FEMALE DATE OF BIRTH: _____ SSN# _____

MARITAL STATUS: SINGLE MARRIED EMPLOYMENT STATUS: EMPLOYED RETIRED
 OTHER WIDOWED STUDENT PT/FT OTHER

EMPLOYER: _____

WORK TELEPHONE: _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____

SPOUSE'S EMPLOYER: _____

EMAIL: _____ FAX: _____

FAMILY DOCTOR: _____ PHONE: _____

REFERRING PHYSICIAN: _____ PHONE: _____

INSURANCE INFORMATION: (Please provide insurance cards & ID with this form)

POLICY HOLDER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

DAY PHONE: _____ SSN# _____

INSURANCE COMPANY: _____ INSURED'S ID# _____

INSURED'S POLICY GROUP: _____ POLICY HOLDERS SELF

INSURANCE PLAN NAME/PROGRAM: _____ RELATIONSHIP: SPOUSE
 CHILD

ARE YOU ON MEDICARE? YES / NO OTHER _____

POLICY HOLDER'S EMPLOYER NAME: _____

SECONDARY INSURANCE INFORMATION:

POLICY HOLDER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

DAY PHONE: _____ SSN# _____

INSURANCE COMPANY: _____ INSURED'S ID# _____

INSURED'S POLICY GROUP: _____ POLICY HOLDERS SELF

INSURANCE PLAN NAME/PROGRAM: _____ RELATIONSHIP: SPOUSE
 CHILD

POLICY HOLDER'S EMPLOYER NAME: _____ OTHER _____

WORKER'S COMPENSATION INFORMATION:

WORKER'S COMP COMPANY NAME: _____ ADJUSTER'S NAME: _____

CLAIM NUMBER: _____ DATE OF INJURY: _____

EMPLOYER'S NAME: _____

CONTINUED ON NEXT PAGE...

PATIENT HEARING HEALTH QUESTIONNAIRE/INTERVIEW:

1. What is the primary reason for your visit today? _____

2. Who encouraged you to visit our office today? _____
3. Please explain in detail your hearing and communication difficulties: _____

4. How long have you noticed these difficulties? _____
5. What have others noticed about your hearing/communication ability? _____
6. Have you had your hearing tested before? _____ If so, by Whom? _____
Date: _____ What was the result of that test? _____
7. Please check any of the following conditions that you have and add any comments you feel may help us understand and treat all of your hearing concerns.
- | Yes | No |
|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> Pain/discomfort in ears _____ |
| <input type="radio"/> | <input type="radio"/> Noises in your ears ("ringing") _____ |
| <input type="radio"/> | <input type="radio"/> History of hearing loss in your family _____ |
| <input type="radio"/> | <input type="radio"/> Dizziness or balance problems _____ |
| <input type="radio"/> | <input type="radio"/> Excessive noise exposure _____ |
| <input type="radio"/> | <input type="radio"/> Surgery or medical problems with ears _____ |
| <input type="radio"/> | <input type="radio"/> Sudden hearing loss in the past 90 days _____ |
8. What medications, if any, are you currently taking? _____

9. Do you have any other medical conditions that we should be aware of? _____

10. Do you currently wear hearing aids or have you in the past? _____
If so, please give Manufacturer _____ Style _____
Where you were fit? _____ When? _____
11. If you currently wear hearing aid(s), what would improve your current device(s)? _____

12. Please rank in order of importance (1, 2, 3, and 4) what features are most important to you when selecting hearing aids. Place a 1 next to what is *most* important, a 2 next to the item that is *somewhat* important, a 3 next to what is *not* that important and a 4 next to what is *least* important: EACH item should have a DIFFERENT number.
- | | |
|-------|--|
| _____ | Cosmetic Appearance |
| _____ | Cost/Financial Investment |
| _____ | Improved hearing in noisy situations (restaurants, church, meetings) |
| _____ | Improved hearing in quiet environments (watching TV, one-on-one conversations) |
13. Do you *primarily* use a _____ land-line phone or _____ cell phone?
14. If hearing aids are recommended at the conclusion of today's visit, are you prepared to take the necessary steps to purchase these devices? Yes No _____

FINANCIAL AGREEMENT

We participate in many different insurance plans. We will file your insurance claims for the companies with whom we are contracted. You will be responsible for any co-payments or deductibles at the time services are rendered. For some other insurance, we accept assignment of benefits, but in all cases, we require that the guarantor, the person who is financially responsible, is personally liable for all balances not covered by insurance. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. It is your responsibility to notify us if your insurance has changed and to provide us with your new insurance card if one has been issued. Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically-necessary under the Medicare program or by other medical insurance companies. Our professional services are rendered to you, not your insurance company, therefore payment for treatment is ultimately your responsibility. You will be responsible for co-payments, deductibles, out-of-network amounts or any portion your insurance company states you are responsible for. Payment for co-pays are expected at the time of service. If this fee is not covered by insurance, it will be your responsibility. We allow your insurance company 45 days to pay your claim. If we do not receive payment in 45 days, you will be given a bill at that time. For our HMO/PPO patients, if we are contracted with your HMO/PPO company, you will not receive a bill until we have heard from your insurance company. You will be responsible for any and all reasonable costs associated with collection, including filing fees as well as reasonable attorney's fees should this account be turned over to collections for non-payment. We reserve the right to charge a \$35 fee for no-show, no-call cancellations or cancellations made without 24 hours notice. This fee cannot and will not be paid by your insurance company. We reserve the right to not provide service to you for any unpaid balance owed on your account that is more than 30 days past-due.

ASSIGNMENT OF INSURANCE BENEFITS:

I hereby authorize direct payment to Coastal Audiology, Inc. and/or Dr. Dawn Hostetler-MacMillan, Audiologist (provider of services) of any insurance or health benefits otherwise payable to or on behalf of the patient for examination, treatment, or devices delivered to me by Coastal Audiology, Inc. and its representatives, at the rate not to exceed Coastal Audiology's usual charges. I understand that verification of insurance coverage obtained over the phone, fax, or online is estimated and does not guarantee payment and that insurance coverage is a relationship between the patient and his or her insurance company(s). I agree to accept financial responsibility for any charges for goods or services rendered to the patient that are not paid by insurance or health benefit plan pursuant to this assignment of benefits. I have been informed that Medicare does not provide payment for hearing aids, other assistive listening devices or fitting examinations. This also applies to most Medicare 'supplement' policies.

RELEASE OF INFORMATION:

I hereby authorize Coastal Audiology to release any medical information about the patient necessary to determine liability for payment and to process any claim for examination, treatment, or devices received by the patient. I also authorize Coastal Audiology to release the medical records of the patient to the patient's referring physician or family physician indicated within this document.

I have read and agree to the terms above and verify that the information provided is true and correct to the best of my knowledge.

Signature of Patient or Legal Representative

Date

HIPAA Notice of Privacy Practices

Coastal Audiology, Inc. has a policy of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our objective is to be 100% compliant at all times. The following method of operations will be used to insure privacy of a patient's Protected Health Information (PHI).

1. Based on HIPAA guidelines your medical records may be transferred to another care provider upon your signed authorization. Records will not be transferred without your or your guardian's signed authorization.
2. You may review your records by scheduling a time with our office.
3. After review of your records if you disagree with any of the documentation in the records you have the option of writing your own documentation to be placed in the chart.
4. If an appointment with another medical provider is required, only the necessary information to schedule an appointment will be provided.
5. If you elect not to allow any other member of your family access to your records you have the right to notify our office. That notice must be in writing. If you wish to provide access to your records to a designated individual, you may also provide that in writing or in the space below.
6. Our office will not provide any information about you or your medical condition to any other party other than other medical providers to whom you have been referred for treatment without your specific authorization.
7. If you are chosen or volunteer to be a part of any research program you will be required to sign additional authorizations and releases so that your PHI may be used in the program.
8. Under HIPAA rules, we may use the necessary PHI from your medical records to file insurance claims on your behalf. Your authorization and insurance assignment allows the practice to file insurance on your behalf.
9. There will be certain circumstances where public health authorities and health oversight agencies may require a copy of your records. They are authorized under law to collect that information and we are required to furnish a copy of your PHI.
10. All efforts will be taken to ensure that your PHI will not be shared with any unauthorized persons.
11. If you are on active duty military or are called to active duty military, under federal law we are required to supply you with a copy of your record upon request.

If you have any questions concerning any of the above statements or wish to receive a signed copy, please ask.

Patient Signature (or guardian)

Date

Important Information Concerning Hearing Aids, Insurance, Discount Plans

- *Most insurance companies, including Medicare, do not cover hearing aids.* Hearing aids are typically a completely out-of-pocket expense. Realizing the importance of our sense of hearing to our well-being, we do offer several options to assist those who need and want hearing aids the opportunity to be fit with them. We offer financing, including no-interest options, through the Citi Health Card to those that qualify. We offer a lay-away plan to those that do not wish to or cannot finance their hearing aids. Additionally, we work with a few different agencies that can assist those that qualify with obtaining hearing aids including but not limited to The Georgia Lions Lighthouse Foundation. We accept cash, check, Visa, Mastercard, Discover, and American Express as payment options as well.
- Coastal Audiology and Hearing Aid Center is an authorized and preferred provider for several insurance company-sponsored hearing aid discount programs and private company-sponsored programs. In most instances, you, as the patient, have contacted this company and asked for a referral to a participating provider and have thus been referred to Coastal Audiology. We encourage you to thoroughly research these outside companies prior to purchasing devices through them. Though their initial cost for hearing aids may be lower, their warranty and service package may not justify the initially lower cost of the actual devices. For example, the device fitting and any appointments during the adjustment period (usually 30 or 45 days) may be included in the purchase price, but beyond that, you may be required to pay for all visits, which may cost you between \$45-\$110 per visit, plus the cost of any supplies such as batteries, wax guards, tubing, etc.
- Georgia law requires that you have a comprehensive hearing test that is less than 6 months old prior to being fit with hearing aids. If you have a recent test performed by a licensed and certified Audiologist we will happily use that test. You may still be responsible for the hearing aid evaluation charge of up to \$150 if we use a test from another provider. This is typically not billable to insurance. If you are unable to bring a copy of a current, approved test with you to your appointment or make arrangements to have the test sent to our office in time for your appointment, we will need to perform a test in order to prescribe amplification for you. The cost for this is \$85 (unless we are contractually bound to a maximum fee), payable to Coastal Audiology prior to seeing the doctor, and cannot be billed to insurance without an order on file from your physician each time a test is performed.
- Unless your fitting agreement otherwise specifies, all hearing aids fit at Coastal Audiology come with a 30-day adjustment/trial period. Should you decide to return your hearing aids you must do so on/before the date specified in your fitting agreement. Per your fitting agreement, you will receive a refund of any fees payable to you within 60 days.

By signing below, I certify that I understand the above statement.

Patient (or Guardian) Signature

Date

Coastal Audiology's Policies Regarding Health Insurance

Coverage of Hearing Aids

There are several health insurance plans that cover hearing aids (partial or entirely) as a benefit to you, the subscriber. Hearing Aid benefits vary greatly depending on the carrier and also on the particular plan subscribed to under that insurance company (ex: BCBS Chrysler vs. BCBS General Motors).

Effective January 1, 2012, we will no longer be able to bill hearing aids for patients to their insurance.

It should be understood that **insurance often covers only a small portion of the cost of the hearing aid(s) and associated services**, sometimes as little as \$300. Although we may be in-network with your insurance company, and may provide diagnostic services in-network, we have not contracted with the insurance company to supply hearing aids at *discounted* rates. We are not able to accept the discounted amounts insurance companies are paying and still be able to effectively run our business.

We have no control over the maximum amount the insurance company will pay. They have a maximum "allowed" amount that we do not know and they will not tell us. Insurance companies frequently discount THEIR approved amount by 50%. For most insurance companies, this discounted amount will not even pay the invoice cost for the hearing aids, much less any fees and charges for us to fit the hearing aid(s) on you. As with any other medical service, there are certain fees that an insurance company will not pay for, either in part or all. You, as the patient, are still responsible for these charges as we, the provider, have provided this service to you.

We will gladly bill any diagnostic testing we perform and continue to remain an in-network provider with the insurance companies we are contracted with. If you know you have a hearing aid benefit through your insurance company and wish to use the benefit, you will need to pay for your hearing aids in full, file the necessary paperwork to file your claim, and await reimbursement from the insurance company. We will gladly provide any documentation to the insurance company to assist you in filing your claim if you inform us 1) what is needed, 2) where to send it (either an address or fax number).

We realize that this may be a financial hardship to some of our patients who may be unable to come up with full payment. As always, we offer financing to those that qualify and also offer a lay-away plan which we will be happy to discuss with you should you wish. Our goal has always been and will always be to provide hearing healthcare services to those in need and never let someone who needs our help go underserved if at all possible.

I have read the above and understand that I am responsible for filing the insurance claim in order to be reimbursed from my insurance company for any hearing aid benefit my plan offers.

Patient Signature

Date