



226 Village Square Drive- Loudon, TN 37774
Phone: 865-657-3300
Fax: 865-657-3311

Registration Form

Preferred Title: Dr. ____ Mr. ____ Mrs. ____ Ms. ____ Miss: ____

Legal First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

*Would you like to receive our monthly e-newsletter? Y N (circle one)

Best way to contact you: Phone ____ Cell ____ Email ____ Text ____ "Snail" Mail ____

Guardian's Name(s) (if patient is under 18): _____

How did you hear about Appalachian Audiology? _____

Referred by: _____

Primary Physician: _____ Location: _____

ENT Physician: _____ Location: _____

Reason for visit: _____

Do you plan to use your health insurance to pay for our services? _____ If yes, please complete the following:

INSURANCE INFORMATION

Primary Insurance: _____

Group ID: _____ Insurance ID: _____

Primary Cardholder: _____ Birthdate: _____ Relationship: _____

Primary Cardholder's Employer: _____ Social Security #: _____

Address of Cardholder (if different from patient): _____

Secondary Insurance: _____

Group ID: _____ Insurance ID: _____

Primary Cardholder: _____ Birthdate: _____ Relationship: _____

Primary Cardholder's Employer: _____ Social Security #: _____

Address of Cardholder (if different from patient): _____

**Our e-newsletter is e-mailed once monthly and provides useful information on topics like the latest advances in hearing technology, maintenance of hearing aids, tinnitus treatment, and hearing evaluations. It is informational (not advertorial) in nature.