DENVER HEARING SPECIALISTS
HEARING CLEARLY

INTEGRATED EAR, NOSE AND THROAT

Dear Patient:

The doctors and staff of Integrated Ear, Nose and Throat, P.C. are pleased to welcome you to our practice. We are dedicated to providing our patients with the best care available.

As a new patient, preliminary paperwork is necessary. Please take a few moments to fill out the enclosed forms. Please bring these **completed forms** with you to your appointment, along with your insurance card(s) and referral information, if applicable. Due to the allergic chemical sensitivities of many of our patients, we kindly ask that you **refrain from wearing fragrances to your appointment**.

Should you have any questions please call us at 303-706-1616. Thank you for placing your confidence in us, we look forward to seeing you at your appointment.

If a co-pay is listed on your insurance card, it will be collected when you check-in. If you do not have your co-pay, your appointment will be rescheduled.

Please be advised that we do have a cancellation policy. In order to avoid a $50 missed appointment fee, please give us 24 hours notice if you are unable to keep your appointment.

Sincerely,
Doctors and Staff
Integrated Ear, Nose & Throat

Please see next page for map & directions.

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

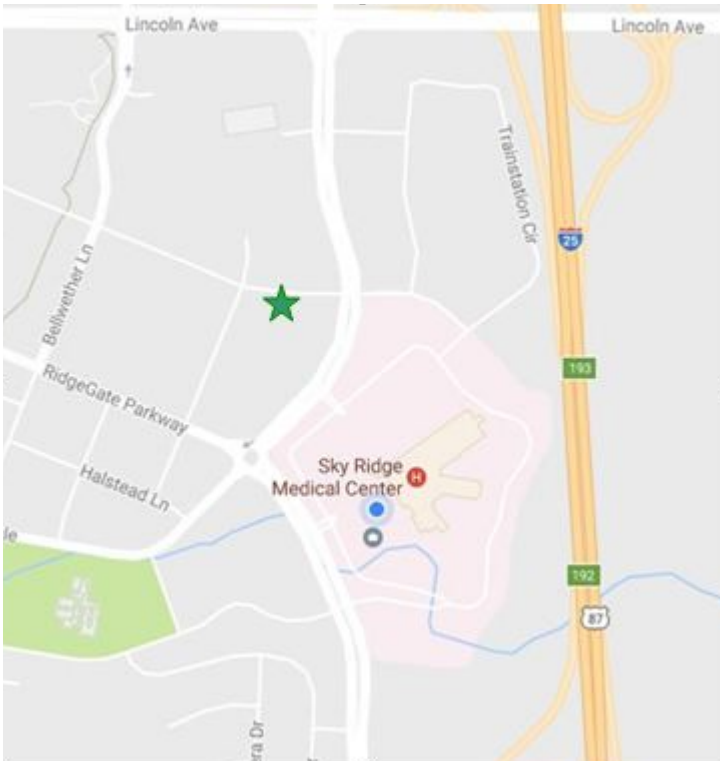
INTEGRATED EAR, NOSE AND THROAT

IN ASSOCIATION WITH DENVER HEARING SPECIALISTS AND DENVER FACIAL SURGEONS

9960 Sky Ridge Ave
Lone Tree, CO 80124
303-706-1616

From I-25, exit **RidgeGate Parkway**, exiting west. Take the first right in the roundabout, you will see our building on the left side of Park Meadows Blvd, just south of Charles Schwab.

From C-470 east bound, exit at Yosemite, go south on Yosemite to Lincoln Avenue. Go east on Lincoln Avenue to Park Meadows Blvd. Turn right (south) on Park Meadows Blvd. Turn right on SkyRidge Avenue, we are on the left.



Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

WHAT TO EXPECT AT YOUR INITIAL VISIT

Step 1: Check-in at the front desk with **completed paperwork, insurance card(s), co-pay, and picture ID**.

Step 2: The front desk will enter in the information from your paperwork. This can take up to ten minutes to complete.

Step 3: When the paperwork is fully entered into our system and there is an available room, a medical assistant will bring you to an exam room.

Step 4: Once in the room, the medical assistant will ask you questions to help prepare the doctor or physician's assistant for your visit.

Step 5: The doctor or physician's assistant will examine you.

Step 6: The medical assistant will order any testing, prescriptions, etc. that the doctor or physician's assistant may recommend.

Step 7: During your visit you may see the following staff members:

A. An audiologist for a hearing test.
B. The surgery coordinator, to schedule any procedures.
C. The allergy nurse, to schedule any allergy testing or treatments.

Step 8: You will be brought to the check-out station to schedule any follow-up appointments needed with the doctor or physician's assistant and to have your photo taken for your chart.

As a specialist practice, the appointments at our office tend to be more extensive than that of your primary care. For this reason, please expect to be in our office for 90 minutes on your first visit.

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please ask your physician or contact our Privacy Officer at 303-706-1616..

A. How This Medical Practice May Use or Disclose Your Health Information

The medical record is the property of this medical practice but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment**. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide; with a pharmacist who needs the information to dispense a prescription to you; or with a laboratory that performs a test. We may also disclose medical information to members of your family, others who can help you when you are sick or injured, or following your death.
2. **Payment**. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires for payment. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations**. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide; the competence and qualifications of our professional staff; or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information, as necessary, for medical reviews; legal services and audits, including fraud and abuse detection; compliance programs; and business planning and management. We may also share your medical information with our "business associates" that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your medical information. Federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or one of their business associates, except as specifically required or permitted by law. We may also share your information with other healthcare providers, healthcare clearinghouses, or health plans that have a relationship with you when the request for this information is to help them with their quality assessment and improvement activities; their patient-safety activities; their population-based efforts to improve health or reduce care costs; protocol development; case management or care coordination activities; their review of competence; qualifications and performance of health care professionals; their training programs; their accreditation, certification or licensing activities; their activities related to contracts of health insurance or health benefits; or their health care fraud and abuse detection and compliance efforts.
4. **Appointment Reminders**. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign-in Sheet**. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

6. **Notification and Communication with Family**. We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or unless you have instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professional will use their best judgment in communication with your family and others.

7. **Marketing**. Provided we do not receive any payment for making these communications, we may contact you to encourage you to purchase or use products or services related to your treatment, case management, or care coordination. We may also contact you to direct or recommend other treatments, therapies, health care providers, or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans we participate in. We may receive financial compensation to talk with you face-to-face, to provide you with small promotional gifts, or to cover our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed for you; but only if you either: (1) have a chronic and seriously debilitating or life-threatening condition and the communication is made to educate or advise you about treatment options and otherwise maintain adherence to a prescribed course of treatment, or (2) you are a current health plan enrollee and the communication is limited to the availability of more cost-effective pharmaceuticals. If we make these communications while you have a chronic and seriously debilitating or life-threatening condition, we will provide notice of the following in at least 14-point type: (1) the fact and source of the remuneration and (2) your right to opt-out of future remunerated communications by calling the communicator's toll-free number. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any financial compensation for any marketing activity you authorize and we will stop any future marketing activity to the extent you revoke that authorization.

8. **Sale of Health Information**. We will not sell your information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

9. **Required by Law**. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. **Public Health**. We may, and are sometimes required by law to, disclose your health information to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. **Health Oversight Activities**. We may, and are sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by Federal and State laws.

12. **Judicial and Administrative Proceedings**. We may, and are sometimes required by law to, disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected or if your objections have been resolved by a court or administrative order.

13. **Law Enforcement**. We may, and are sometimes required by law to, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order, warrant, grand jury subpoena; and other law enforcement purposes.

14. **Coroners**. We may, and are often required by law to, disclose your health information to coroners in connection with their investigations of deaths.

15. **Organ or Tissue Donation**. We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

16. **Public Safety**. We may, and are sometimes required by law to, disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. **Proof of Immunization**. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

18. **Specialized Government Functions**. We may disclose your health information for military or national security purposes; to correctional institutions; or to law enforcement officers that have you in their lawful custody.

19. **Worker's Compensation**. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

20. **Change of Ownership**. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

21. **Breach Notification**. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Special Privacy Protections**. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full, out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.

2. **Right to Request Confidential Communications**. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests, submitted in writing, which specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy**. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to; whether you want to inspect it or get a copy of it; and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible or we will provide you with an alternative format you find acceptable. If we can't agree and we maintain the record in an electronic format, you will have your choice of readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by Federal and State laws. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. **Right to Amend or Supplement**. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information. If denied, we will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you

believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. **Right to an Accounting of Disclosures**. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family), and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Right to Notice of Our Legal Duties and Privacy Practices**. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer at 303-706-1616.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website at www.integratedent.com.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer at 303-706-1616.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310
(415) 437-8311 (TDD)
(415) 437-8329 (FAX)
OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.
You will not be penalized in any way for filing a complaint.

Integrated Ear, Nose and Throat
9960 Sky Ridge Avenue
Lone Tree, CO 80124
T: 303-706-1616 F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

WELCOME TO OUR OFFICE

PERSONAL INFORMATION

Name (Please print) _____ Male ❑ Female ❑ Date ____/____/____
Street _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone_____
Email Address _____ Cell Phone _____
Age _____ Date of Birth ____/____/____ Social Security Number_____
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____
Occupation _____ Employer _____
Parent/Guardian Name (if patient is under the age of 18) _____
Name of Nearest Relative not living with you _____
Address _____ Phone _____
Name of current primary care physician _____
Name and phone number of preferred pharmacy _____
How were you referred to us? _____
Please explain briefly the reason for your visit: _____
_____

INSURANCE

Name of PRIMARY Insurance Company: _____
Policy ID# _____ Group Number: _____
Policy Holder's Name_____ Policy Holder's Birthdate: ____/____/____
Policy Holder's Social Security Number _____ Relationship to you _____

Name of SECONDARY Insurance Company:_____
Policy ID# _____ Group Number: _____
Policy Holder's Name_____ Policy Holder's Birthdate: ____/____/____
Policy Holder's Social Security Number _____Relationship to you _____

ASSIGNMENT OF BENEFITS / RELEASE OF INFORMATION:

I authorize the release of medical information necessary to process my claim. I authorize the payment of medical benefits to Integrated Ear, Nose & Throat for services rendered.

Signed:_____ Date:_____

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

INTEGRATED EAR, NOSE & THROAT

Name: _____ Date: ____/____/____ Birthdate: ____/____/____

Weight: _____ Height: _____ Age: _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDE OVER THE COUNTER & HERBAL SUPPLEMENTS):

NAME	DOSAGE	NAME	DOSAGE
None ❑			

LIST ALL PREVIOUS SURGERIES: (INCLUDE TONSILLECTOMY & ADENOIDECTOMY):

TYPE	DATE	TYPE	DATE
None ❑			

LIST ANY ALLERGIES (MEDICATIONS/LATEX/FOOD/INHALENTS/CHEMICALS)

None ❑		

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD

9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

REVIEW OF SYSTEMS

PLEASE CHECK YES (Y) OR NO (N) IF ANY SYMPTOMS ARE CURRENTLY PRESENT: (DO NOT LEAVE ANY BLANKS)

	Y	N			Y	N			Y	N			Y	N
General:				**Cardiovascular:**				**Integument (skin):**				**Psychological:**		
Fatigue				Chest pains				Rash				Anxiety		
Weight loss				Lightheadedness				Skin dryness				Depression		
Fever				Irregular heart beats				Hair growth change				Difficulty sleeping		
Body aches				Rapid heart rate				Changes to moles						
Weight gain								Nail changes				**Hematology/Lymph:**		
Chills				**Respiratory:**								Easy bleeding		
Night sweats				Shortness of breath				**Neurological:**				Easy bruising		
				Hoarseness				Muscular weakness						
Eyes:				Wheezing				Memory difficulties				**Allergic/Immunologic:**		
Double vision				Cough				Tingling/numbness				Sinus allergy symptoms		
Eye discomfort								Speech difficulties				Allergic dermatitis		
Blurred vision				**Gastrointestinal:**				Loss of balance				Frequent illnesses		
Changes in vision				Nausea										
				Excessive belching				**Musculoskeletal:**						
				Blood in stool				Joint pain						
HENT:				Vomiting				Joint swelling				❑ NONE		
Headaches				Heartburn				Muscle pain						
Ear Pain								Muscle cramps						
Vertigo				**Genitourinary:**										
Sinus pain				Pain on urination				**Endocrine:**						
Sore throat				Frequent urination				Heat intolerance						
Hearing loss				Kidney stones				Cold intolerance						
Nasal obstruction								Thyroid enlargement						
Ear discharge														

DATE IN WHICH YOU HAD YOUR LAST HEARING TEST?: **Date**: ____/____/____

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD

9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

Name: _____ **Birthdate**: ____/____/____

CHECK IF YOU HAD ANY OF THESE MEDICAL PROBLEMS IN THE PAST:

	YES	NO		YES	NO
Abnormal Bleeding If yes, what type?_____			High Cholesterol		
Allergy Testing/Treatment			HIV		
Anemia			Hives		
Asthma			Hypertension		
Autoimmune Disease If yes, what type? _____			Hypotension		
Cancer If yes, what type? _____			Meningitis		
Chronic Obstructive Pulmonary Disease			Migraine Headaches		
Diabetes			Nasal Trauma		
Ear Infection			Reflux/GERD		
Ear Pressure/Pain/Drainage			Sleep Apnea		
Hearing Loss			Thyroid Disorders		
Heart Murmur			Tinnitus/Ringing		
Hepatitis			Tuberculosis		

PLEASE LIST ANY OTHER MEDICAL CONDITIONS (NOT LISTED ABOVE) YOU ARE BEING TREATED FOR:

None ❑		

FAMILY HISTORY (X) DISEASES/CONDITIONS YOUR FAMILY (PARENTS, GRANDPARENTS, SIBLINGS, AUNTS & UNCLES) HAVE HAD.

❑ None	❑ Migraine Headaches – Who? _____
❑ Allergies – Who? _____	❑ Premature Hearing Loss – Who? _____
❑ Asthma – Who? _____	❑ Sinusitis – Who? _____
❑ Autoimmune Disease – Who? _____	❑ Sleep Apnea – Who? _____
❑ ENT Related Cancer – Who?_____	❑ Thyroid Disorders – Who? _____
❑ Other Cancer – Who?_____	

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD

9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

SOCIAL HISTORY

LIST ANY HAZARDOUS MATERIALS YOU HAVE BEEN EXPOSED TO:

❑ None		

CHECK WHICH APPLIES TO YOU:

❑ Alcohol Use ❑ Never If yes, how much _____ per _____	Depressants ❑ Yes ❑ No	❑ Other _____
❑ Caffeine ❑ Never If yes, how much _____ per _____	Stimulants ❑ Yes ❑ No	
❑ Smoker ❑ Never ❑ Former If yes, how much _____ per _____	Marijuana ❑ Yes ❑ No	
❑ Chews Tobacco ❑ Never If yes, how often _____	Recreational Drugs ❑ Yes ❑ No	

DESCRIBE YOUR EXERCISE HABITS:

❑ Active but no formal exercise	❑ Heavy Amount of Exercise (4 or more times per week)	❑ Minimal Amount of Exercise (Once a week)
❑ Moderate (1 to 3 times per week)	❑ Sedentary	

MARITAL STATUS:

❑ Divorced ❑ Engaged ❑ Married ❑ Separated ❑ Single ❑ Widowed

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD

9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

FINANCIAL POLICY

Welcome to Integrated Ear, Nose & Throat, P.C. We are committed to giving you the best care possible. We would like to take this opportunity to inform you of our office policy.

We will bill insurance claims as a courtesy to our patients provided we have your current insurance information and any necessary referrals. Should your insurance require a referral, and we have not received it prior to your appointment, you will be responsible for payment at the time of service. We accept payment from insurance companies, but require that you pay your portion, including co-pays, deductibles or coinsurance at the time of service. Insurance policies have become increasingly complex over the years and it has become impossible for our office to know each specific plan and their limitations. Therefore, it is your responsibility to know your insurance benefits. Your insurance policy is a contract between you and your insurance company.

We require 24 hour notice if you must cancel or reschedule. If we do not receive this notice, your account will be charged a $25.00 fee.

Please sign below so that we may confirm that you have read and understand our office policy regarding insurance and your responsibilities as a patient of Integrated Ear, Nose & Throat, P.C.

_____ _____
Name (Please Print) Date

_____
Signature of Patient or Responsible Party

ACKNOWLEDGEMENT OF NOTICE

I acknowledge receipt of the Notice of Privacy Practices for Integrated Ear, Nose & Throat.

_____ _____
PATIENT NAME DATE

_____ _____
PATIENT SIGNATURE RELATIONSHIP TO PATIENT
(If signed by personal representative of Patient)

(If signed by personal representative of Patient)

I authorize my Personal Health Information to be disclosed as specified below:

- ❑ On my voicemail/answering machine at my home phone number_____.
- ❑ On my voicemail/answering machine at my work/alternate number_____.
- ❑ To the following family member(s) or other person(s):

_____/_____/_____
Name Relationship Phone Number

_____/_____/_____
Name Relationship Phone Number

_____ _____
Signature of Patient or Authorized Person Representative Date

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151

DENVER HEARING SPECIALISTS
HEARING CLEARLY

DIAGNOSTIC SCOPES

We at Integrated Ear, Nose & Throat feel a patient presenting to our office with sinus, allergy, throat or voice complaints requires a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope. This examination is essentially painless and, in many cases, can be accomplished quickly. **A procedural fee will be submitted to your insurance carrier for this procedure. In most cases we will accept your insurance company's allowance for this procedure. You will be obligated to pay only the deductible and/or co-payments that are applied to this claim.**

(Please note: Insurance companies will usually list this diagnostic procedure as "surgery" on the insurance remittance advice you receive.)

These procedures have almost no risk and provide your physician with an excellent view of the areas involved.

This is not a consent form; it is an acknowledgement that we have provided you with this information. Please discuss this procedure with your provider if you have any questions.

Name (Please Print) _____ Date _____

Signature of Patient or Responsible Party _____

Timothy F. Pingree, MD • Clark W. Walker, MD, FACS • H. Patrick Carr, MD, FACS • Phillip B. Whiting, MD
Dana Biebel, PA-C
Diane Krieger, AuD • Lindsay Ward, AuD • Amanda Clark, AuD
9960 Sky Ridge Avenue, Lone Tree, CO 80124 • T: 303-706-1616 • F: 303-706-0151