Weill Cornell Medicine
Hearing & Speech Center

PEDIATRIC INTAKE FORM

Today's Date:____________________	
IDENTIFYING INFORMATION	
Child's Name:	Date of Birth:
Address:	
Home Phone:	
Mother's Name:	Date of Birth:
Occupation:	
Work Number:	Cell Phone:
E-mail Address:	
Father's Name:	Date of Birth:
Occupation:	
Work Phone:	Cell Phone:
E-mail Address:	
Address:	
BACKGROUND INFORMATION:	
1. When was the child's hearing loss first diagnosed (date)?	
2. When was the child's last hearing test?	
3. Has the child's hearing loss been stable? If not, please explain what changes have been noted.	
4. Is your child currently wearing amplification (i.e., hearing aids)? If so, which ear?	
5. What is the make and model of the hearing aid(s)?	

6. If currently implanted, when was surgery (date/s)?
7. Which ear has been implanted?
8. Which device does the child have?
9. Hospital where cochlear implant surgery was completed:
10. Name of Surgeon:
11. Where is your child followed for cochlear implant programming?
12. Name of programming audiologist:

    Phone Number: E-mail:

13. Language(s) spoken in the home (if more than one language is used, please also indicate which language is the primary language of the child):

SCHOOL INFORMATION:

School:

Address:

Grade: Teacher:

Contact Phone Number: E-mail:

Please provide types and amounts of services currently in place:

a. Auditory-Oral Speech/Language Therapy:
b. Auditory-Verbal Therapy:
c. Hearing Education Services/Teacher of the Deaf:
d. Physical Therapy: Occupational Therapy:

e. Other:
Concerns notes at the School:
REFERRAL SOURCE:
Who referred you to us?
Phone: E-mail:
Reason for the referral:
FAMILY INFORMATION:
How do you communicate with your child (e.g., speech, sign language, gestures, etc?
Is your child more interested in people? Objects? Both?
How does your child indicate their wants and needs?
Is your child readily understood by others?
What are your concerns regarding your child's listening, speech and/or language skills?

Weill Cornell Medicine

Department of Otolaryngology –
Head and Neck Surgery

Financial Policy

Welcome to the Department of Otolaryngology-Head & Neck Surgery.
The following is a statement of our financial policy. We hope this gives you a better understanding of how our billing works.

Financial Policy

Patients have many different types of insurance and payment options for services rendered. Also, not all physicians in the practice accept the same type of insurance. The three most common scenarios are outlined below. Please read the following and if you have any question or concerns please call the office of the physician you are seeing.

Participating Plans

In this scenario the physician you will see participates with your insurance plan. It is <u>your</u> responsibility to ensure your physician is in fact currently a provider in that plan. At the time of service you will be responsible for all co-payments and co-insurances as outlined by your plan coverage. We will collect your co-insurances and deductibles in advance if you are having a procedure in the office or hospital. The Medical College will then forward a bill to your insurance carrier who will confirm if any additional payments are due from you. You will receive written notification of such decision and may ultimately be responsible for such payments as determined by your insurance company. If your plan requires a referral, please present the referral at the time you check-in. If you do not have a referral you may have to reschedule your appointment.

Non-Participating Plans

In this scenario the physician you will see does not participate in you insurance plan. Payment of services is due at the time of the visit. We can submit the claim directly to your carrier or a claim can be mailed directly to you.

Medicare

For any of our providers that participate with Medicare, we will bill Medicare directly for your service and Medicare will send payment directly to the physician. You will be responsible for any deductible or co-insurance. If your physician does not participate with Medicare you will be responsible for payment at the time of service, and your claim will then be forwarded to Medicare and they will reimburse you directly.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment

Cash, Check, MasterCard, Visa, Discover and American Express card are recognized forms of payment.

We hope this information is helpful; Again, if you have any questions or concerns, please contact your physician's office.

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Signature of Patient or Responsible Party **Date**