



Welcome to Associated Audiologists!

Thank you for contacting our office to schedule an appointment. We look forward to seeing you!

**Please note the following:**

- We kindly ask that if you are ill or experiencing symptoms of illness that you reschedule your appointment.
- Please arrive 15 minutes prior to your scheduled appointment to allow time to collect your paperwork and prepare your chart. Late arrival may result in having to reschedule all or part of your appointment. Please complete all enclosed case history and entry paperwork (front and back) prior to check-in.
- Bring the completed forms along with your insurance cards, picture I.D., and any referrals, if necessary to bill your insurance. If you do not have your insurance card, your appointment will be private pay. You may email a clear photo of the front and back of your insurance card prior to your appointment to [appointments@hearingyourbest.com](mailto:appointments@hearingyourbest.com), including patient name and date of birth. We require a credit/debit card or Social Security Number to be put on file (SSN is required if billing Medicare or Tricare).
- Bring a list of your current medications, including over-the-counter supplements and the dosages. Feel free to email this list to [appointments@hearingyourbest.com](mailto:appointments@hearingyourbest.com), including patient name and date of birth.
- If your insurance requires a physician's order, please be sure to request it in time for us to receive it for your appointment. It can be faxed to: 913-498-1052. **The order must state "diagnostic hearing evaluation" and have the physician's signature.**
- Please obtain previous hearing or other relevant medical test results prior to your appointment if necessary. Records may be faxed to: 913-498-1052.
- **Cancellation Policy:** Your audiologist has reserved 1.5 hours of their time for your testing and consultation. Please extend us the courtesy of 24-hours' notice if you are unable to keep your appointment. A cancellation fee of \$75 may be billed if timely notification of cancellation is not received.

We look forward to seeing you soon. If you have any questions prior to your appointment, please do not hesitate to contact our office at **855-547-8745**.

**Thank You**

**Eastern Jackson County**  
Cliffview Professional Building  
816-642-2626

**Lawrence**  
Lawrence Medical Plaza  
785-843-8479

**Leavenworth**  
Cushing Medical Plaza  
913-682-1870

**Manhattan**  
Manhattan Medical Center  
785-539-7361

**Northland**  
Embassy Park Professional Building  
816-442-7831

**Overland Park**  
Southridge Medical Building  
913-498-2827

**Prairie Village**  
Prairie Village Office Center  
913-262-5855

**Shawnee Mission**  
Antioch Hills Medical Building  
913-403-0018



**ASSOCIATED AUDIOLOGISTS, INC.**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

**NOTICE OF RESPONSIBILITY**

Associated Audiologists, Inc. is a participating provider for the following insurance programs:

Medicare	Freedom Network
Railroad Medicare	Humana
AARP Medicare Complete	Medica Select
Aetna	Meritain Health/Aetna
Blue Cross/Blue Shield	Tri-Care
Cigna Healthcare	United Healthcare (excluding Community Plan & Oxford)
First Health	

**\*\*Associated Audiologists is NOT in network with most Individual Exchange/Marketplace Plans**

I understand that if my insurance is not listed above, I need to make payment, in full, at the time of service. Associated Audiologists, Inc. will file my insurance claim for me; however, this does not guarantee that my insurance will pay in full, and I will be responsible for payment of any remaining balance due.

I understand that if my insurance policy lists a required co-payment, I am responsible for payment of this amount at the time of service.

If any of the above listed insurance companies do not cover the full allowed amount of services rendered, I understand that it is my responsibility to pay any remaining balance due.

Most insurance companies do not offer benefits for the purchase of hearing aids; however, there are a few that do have hearing aid benefits. I understand that it is my responsibility to find out whether or not my insurance policy offers benefits for hearing aids. **If it is determined that my insurance does offer benefits for hearing aids, I understand that it is my responsibility to notify Associated Audiologists, Inc. PRIOR to the ordering of my hearing aids(s).**

Associated Audiologists, Inc. accepts payment by Cash, Personal Check, Money Order/Cashier's Checks, MasterCard, Visa, Discover, American Express, Apple Pay, Care Credit and Wells Fargo Healthcare Finance existing accounts. If other arrangements are necessary, I will discuss them with the office staff before I am seen by the audiologists.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Click this link to read full Notice of Privacy Practices:

<https://www.hearingyourbest.com/wp-content/uploads/2025/09/Notice-of-Privacy-Practices-Aug-2025-Final.pdf>

I acknowledge that I received a copy of Associated Audiologists, Inc.'s Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS:**

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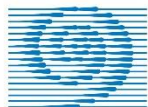
Patient/Guardian Signature

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Printed Name

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Date



ASSOCIATED  
AUDIOLOGISTS

**Associated Audiologists, Inc. – Pediatric History**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Concern: \_\_\_\_\_

**Does he / she have difficulty hearing/understanding?**    No    Both Ears    Right Only    Left Only

When did you first notice difficulty hearing? \_\_\_\_\_ Onset was    sudden    gradual

Does his/her hearing change (good days/bad days)?    Yes    No

**Does he/she have tinnitus (sound in ears)?**    No    Both Ears    Right Only    Left Only

How long have they noticed their tinnitus? \_\_\_\_\_ Onset was    sudden    gradual

Is their tinnitus bothersome?    Yes    No    Does it pulse with your heartbeat?    Yes    No

Describe the sound they hear: \_\_\_\_\_

**Does he / she experience dizziness or imbalance?**    No    Yes

Describe the dizziness or imbalance: \_\_\_\_\_

When did these symptoms begin? \_\_\_\_\_ Does anything trigger these symptoms? \_\_\_\_\_

**Review of Systems and Conditions (please check all current or previous symptoms/conditions):**

**Ear, Nose and Throat**

- Sound Sensitivity
- Ear Pain
- Ear Fullness/Pressure
- Ear Infections
- Ear Drainage
- Ear Drum Perforation
- Ear Surgery
- Sinusitis/Seasonal Allergies

**Endocrine**

- Diabetes
- Thyroid Disorder

**Eyes**

- Vision Loss
- Double Vision
- Blindness

**Neurological**

- Peripheral Neuropathy
- Headaches/Migraines
- Seizures
- Head Injury
- Difficulty Breathing

**Cardiovascular**

- High/Low Blood Pressure
- Cardiovascular Surgery
- Fainting / Lightheadedness

**Musculoskeletal**

- Decreased Range of Motion
- Decreased Fine Motor Skills
- Lack of Coordination
- Back or Neck Surgery

**Psychiatric**

- Anxiety
- Depression
- ADD / ADHD
- Behavior Problems

**Infections during Pregnancy**

- Toxoplasmosis
- Syphilis
- Rubella
- Cytomegalovirus (CMV)
- Herpes

**Birth Complications**

- RH Incompatibility
- Premature
- Jaundice
- Low APGAR / Low Oxygen
- Neonatal Intensive Care (NICU)

**Family History**

- Hearing Loss
- Balance Disorders / Dizziness
- Headaches / Migraines

**Systemic and Other**

- Measles
- Mumps
- Tonsillitis
- Autism
- Meningitis / Encephalitis
- Hepatitis
- HIV/AIDS
- Mononucleosis (Mono)
- Chicken Pox/Shingles
- Sickle Cell Anemia
- Asthma
- Auto-Immune Disorder
- Type:
- Kidney Disease
- Cancer
- Type:
- Treatment:
- Genetic Disorders/Syndromes:
- Other Medical Conditions: \_\_\_\_\_

