

CRAIG T. BARTH, M. A., CCC-A

Audiologist, NJ Lic. #113 -- Hearing Aid Dispenser, NJ Lic. #532
Patient Office: 230 South Street, Blair House, Morristown, NJ 07960
Phone: (973) 539-2111 Fax: (973) 539-0511
E-mail: ctb1954@gmail.com
Mailing Address: P.O. Box 427, Morristown, NJ 07963-0427

WELCOME TO OUR PRACTICE!

Please complete and sign before seeing Mr. Barth. When complete, please hand to secretary,

Please Print:

Name of Patient _____

If patient NOT completing this form, your name and relationship to patient: _____

Address:

Date of Birth: _____

Marital Status of Patient:

Please circle one: Single Divorced/Separated Married Other

Please indicate how to best reach you by "*":

Home Phone: _____ Work: _____

Cell: _____ Email: _____

Name of Primary Dr. : _____ . Referring Dr., if any: _____

How did you hear about us? _____

Some insurances pay for hearing/hearing aid services, some do not, if you believe yours does!
please complete the below:

Insurance Provider: _____ Secondary Insurance: _____

Please present insurance cards to secretary for photocopying.

I hereby release any and all information from the office of CRAIG T. BARTH, M.A., CCC-A to my insurance company for the purpose of properly submitting a claim.

Relationship to patient if not patient (please print) _____