UNC SCHOOL OF MEDICINE

UNC HEARING AND COMMUNICATION CENTER

6015 FARRINGTON ROAD, SUITE 103
CHAPEL HILL, NC 27517-8822

T 919.493.7980
F 919.493.7985

SERVICE AUTHORIZATION

Name: _____ DOB: (m) _____ (d) _____ (y) _____

Person completing this form: _____ Relationship to patient: _____

Phone 1: _____ Phone 2: _____

Email: _____ May we contact you via email? ☐Yes ☐No

What other means may we use to contact you? Please check all that apply.

☐ Voicemail ☐ Spouse ☐ Child ☐ Office assistant/secretary ☐ Other: _____

Primary Care Physician: _____ Phone: _____

Insurance Provider: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Do you have a medical or legal power of attorney? ☐Yes ☐No Name: _____

The UNC HCC is authorized to exchange pertinent information concerning the above named patient with the following people (e.g. **spouse, child, physician, retirement community staff**, etc.) **Emergency contacts are not assumed included in this category.**

List additional contacts on the back of this sheet:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

1.) The UNC HCC is hereby authorized to provide professional services to the above named patient.
2.) The UNC HCC is authorized to contact me with reports, appointment reminders, and other relevant communication.
3.) The UNC HCC files insurance claims for diagnostic services (*and some hearing aid related services*) through UNC Faculty Physicians. Billing questions for diagnostic services should be referred to UNC Faculty Physicians at 919-966-4385.
4.) Medicare statutorily excludes the coverage of hearing aid related services. The UNC HCC will submit hearing aid related claims **only** with prior approval from select in-network contractors.
5.) Graduate students may be involved in the patient's evaluation or treatment. These students are supervised by licensed audiologists. Students and faculty may observe portions of patient appointments for the purposes of training and research.
6.) Professional fees will be charged for all clinical services provided by the UNC HCC, regardless of service location (e.g. retirement community), and the patient accepts full responsibility for payment.

Signature: _____ Date: _____