



TINNITUS AND
HYPERACUSIS CLINIC

6446 Xerxes Ave. So.
Edina, MN 55423
952-224-0308

Date: _____

Name: _____

Address: _____

City _____ State _____ ZIP _____

Home Phone: _____ Other Phone: _____

Sex: ___M___F Birth Date: _____

Email Address: _____

Primary Care Physician: _____ Clinic: _____

How did you hear of Tinnitus and Hyperacusis Clinic? : _____

TO MY PATIENTS: OUR FINANCIAL POLICY

Please understand that payment of your bill is considered part of your service. The following is a statement of our Financial Policy, which we require you to read and sign prior to any services.

Total testing fees, initial counseling /directive counseling and program fees are payable at time of service.

Tinnitus Retraining Instruments, Hearing Aids, Musicians Plugs Hearing Protection, and the fitting, programming and educating on use of existing instrumentation are payable upon time of fitting.

We require 72 hours cancellation and reserve the right to charge a \$250.00 fee for a late or missed appointment.

I have read the Financial Policy: _____ Date: _____

(Signature of Patient or Responsible Party/Date)

www.tinnitusclinicminnesota.com

info@tinnitusclinicminnesota.com