

New Patient

THE CALL MAY GO LIKE THIS:

CCC: Thank you for calling the Hearing Center, this is _____, who am I speaking with?

General Information

1. **CCC:** Are you calling for yourself or a loved one?
2. **CCC:** Have you/they been seen here before?
3. **CCC:** How can I help you today?
4. **CCC:** I would have day at time available, does that work for you?
5. **CCC:** I will need to gather a little bit of information for your appointment.
6. **CCC:** May I have your last name? Should already have their First name from the beginning. After they tell you, please ask for the correct spelling of both their first and last name. **Search for them, if found, refer to Current Patient Script on next page.**
7. **CCC:** What is a good phone number for you? In case our office would need to contact you prior to your appt.
 - a. **CCC:** And is this a cell phone or a home phone?
 - b. **CCC:** Is it ok to text this #?
8. **CCC:** And your/their mailing address? – Street, City, State, Zip Code. **Verify the spelling!**
9. **CCC:** What is your/their date of birth?
10. **CCC:** We like to send appointment date and time reminders via email, do you have an email address you'd like on file? **Verify the spelling!**

Insurance Information

1. **CCC:** Next, what is the name of your insurance provider?
 - a. **CCC:** Insurance Company?
 - b. **CCC:** Primary Policy Holder? This is their name as it appears on their insurance card
 - c. **CCC:** Primary Policy Holders DOB?
 - d. **CCC:** Billing Address? This is the billing address on the back of the card for billing claims
 - e. **CCC:** Phone Number? Usually on the back of the card. Might be under Provider/Customer Service.
 - f. **CCC:** ID#/Subscriber-ID? This is located on the front of the card
 - g. **CCC:** Policy/Group #? Policy or group number is located on the front of the card.
 - Make sure all fields are complete and if they don't have a piece of the info, mark NA next to it.
 - h. **If they say, "I thought this appointment was free?"**
 - **CCC:** It is, this is if you are found to have a hearing loss so we can go over your benefits.
 - **CCC:** Your hearing consultation is complimentary; we want to ensure you have all the information needed at the time of your appointment in case you are found to have a hearing loss
 - i. **IF they still refuse to provide insurance information on the phone:**
 - **CCC:** I understand you want to bring it with to your appointment, however, it does take a couple days to get the information back on your benefits and would like to do you the courtesy of having it when you come in for your appointment. Do you have a moment to grab your insurance information for me.

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Additional Information

1. **CCC:** Also, I will be sending you a link via text message to complete your intake forms. Please complete these forms prior to your appt.
2. **CCC:** At this appointment, you will be receiving a lot of information about your hearing loss and hearing aids. We find it helpful if you were to bring a loved one with you to go over that information. Who will be coming with you?

a. If no companion:

- **CCC:** Is there a day or time that would work better to bring someone?

b. If still no:

- **CCC:** Ok, I'll just make note of that.

3. **CCC:** Do you/they wear hearing aids?

a. If yes:

- How old are the hearing aids?

4. **CCC:** When was your/their last hearing evaluation?
5. **CCC:** What hearing difficulties are you/they having?
6. **CCC:** Are you familiar with where we're located on street name?

a. If no:

- **CCC:** Give primary directions to shared streets.

7. **CCC:** I'd like to give you the number to our Patient Service Coordinator, name. They'll be your contact from now on if you have any questions. Are you ready for that number?
8. **CCC:** We look forward to seeing you on day and time. Thank you for calling!