



AUDIOLOGY SERVICES
CONSENT AUTHORIZATION
VILLA COLOMBO

I, _____ wish to have
(Power of Attorney or Responsible Party Name)
_____ enrolled in a
(Resident Name) (Facility Name)

Hearing Assessment by a licensed hearing professional. By signing below, I agree to pay the initial fee of \$125 to ON-SITE Specialists for the hearing assessment. I also understand that I will be contacted by the Hearing Professional for consent over any further costs involved with this service (i.e. new hearing aid, etc).

Resident Name: _____ **Room #:** _____

Veteran: YES NO **If yes, Veteran K#:** _____

If you have any questions regarding this form or the treatment to be performed, please contact us using the contact information at the bottom of this form. For questions about the treatment, we can assist to connect you with a Hearing Specialist/Audiologist.

CONSENT AUTHORIZATION

By signing this form, I hereby consent to the collection, use and disclosure of the information provided for the purpose of scheduling and paying for the services selected below.

POA/Responsible Party Name: _____

Address: _____ **Unit/Apt:** _____

City: _____ **Postal Code:** _____

Telephone: (Home/Cell) _____ **Email:** _____

BILLING INFORMATION

VISA / MASTERCARD _____ **EXPIRY** _____ **CVV** _____

EFT (All EFT's must be sent prior to appointment etransfer billing@onsitespecialists.com with name)

Signature of POA: X _____