PearceMD
EAR NOSE THROAT • BALANCE & ALLERGY

NEW PATIENT INTAKE FORM

Thank you for your interest in becoming a patient at PearceMD. Please read the following details then complete the form as thoroughly as possible to ensure timely and appropriate scheduling. All forms are reviewed and triaged by our clinical staff because we believe your history and details matter. This form is required regardless of referral status.

- Please note: as a patient, *it is your responsibility to understand the details of your specific insurance plan and details*
- We can see new patients regardless of type (or lack of) health insurance
- If you have prior imaging, tests, ENT notes, etc. we will likely request these to ensure complete understanding of your history

In-Network PearceMD is In-Network with the following insurances:

√ **Traditional Medicare** √ **Mending (Taro)** √ **ME Community Health Options**

NEW! Late Fall '26: √ **Martin's Point (MP) Generations Advantage** & **Martin's Point US Family Health Plan** *(exact date TBD, please ask for details)*

- For these plans, *we will submit* visit and procedure claims at contracted rates
- "In-Network" patients are *financially responsible for any remaining claim costs* not covered and/or as dictated by their insurance coverage details
  - This includes **co-pays**, **deductibles**, and/or **co-insurance**
- In other words, even if "In-Network", *you may still receive a bill and be responsible for payment after your visit*, based on the contracted details of your insurance plan

Out-of-Network

For all other patients, including those with non-MP Medicare Advantage plans, and those without insurance (self-pay):

- We will receive a best-estimated cost range before your visit is booked
- *Payment is due at the time of service*
- Cost may include the consult/visit and in-office tests/procedures
  - Outside tests we order, such as labs or scans, may go through your insurance.
- After your visit, we can provide a receipt and needed paperwork if you choose to submit an out-of-network claim yourself.

Please include your insurance information even if you are "Out-of-Network". ☐ I currently don't have health insurance

Date completed:

Name:

Date of Birth:

Phone Number:

Email:

Address:

My preferred method of communication:

☐ Phone call ☐ Text message ☐ Email

Primary Insurance Carrier & Plan #:

I understand that I am: ☐ In-network ☐ Out-of-Network

Secondary Insurance Carrier & Plan #:

Subscriber's Name:
(If different than patient):

Subscriber's Date of Birth (if diff. than patient):

How did you hear about our practice?

☐ A referral was sent on my behalf by:
(Specialist, dentist, PT, PCP)
_____

☐ A health care provider suggested I call:
_____

☐ Other: Internet search, word of mouth, family member, social media, etc. *If other, please specify:*
_____

Who is your Primary Care Physician? ☐ Check here if you don't have a Primary Care Provider right now

Name:	**Practice Name/Location:**

Ear Nose Throat Chief Complaint: In a few sentences, please describe the reason(s) you are seeking **ENT** Care?

☐ **I am being seen at PearceMD as a second (or third) opinion** ☐ **I have not had any prior workup/visits for my current ENT concern(s)**

What concerns would you like to address at your appointment? Please note, multiple visits may be required!

☐ Ear Pain	☐ Dizziness/Off-Balance	☐ Loss of smell	☐ Hearing Loss, One Ear	☐ Loss of Smell	☐ Nasal Blockage
☐ Ear Fullness	☐ Sinus Infections	☐ Post-Nasal Drip	☐ Hearing Loss, Both Ears	☐ Snoring	☐ Runny Nose
☐ Ear Drainage	☐ Throat Pain	☐ Nose Bleeds	☐ Voice changes	☐ Vertigo	☐ Allergies
☐ Ear Ringing	☐ Throat Clearing	☐ Nasal Congestion	☐ Other:		

Please provide any information about prior workup or provider visits for your current ENT concern(s), if applicable. This is extremely helpful to maximize your visit at PearceMD. We may request you sign Release of Information (ROI) forms if needed.

	WHO	WHERE	WHEN	DETAILS
ENT Specialist				
Urgent Care/ER				
Neurology/Pulmonary/Sleep				
Allergy Testing /Immunology				
Dentist/Oral Surgeon				
Physical Therapy/Speech Therapy/Vision Therapy				
Vestibular/Balance Therapy				
Hearing Test (Audiogram)				
CT scans (head/sinus/ear)				
MRI brain/face/head				
Ultrasound/swallow study				
Other:				