

HELPING HANDS CHIROPRACTIC *WELCOME*

ABOUT YOU!

Today's Date: _____

PATIENT:

Name Last First MI

Name you prefer: _____ M ___ F ___

Birthdate: _____ -- _____ - _____

SSN: _____ -- _____ -- _____

Mailing address: _____

City State Zip

Home phone: _____ -- _____ -- _____

Cell phone: _____ -- _____ -- _____

Work phone: _____ -- _____ -- _____

E-mail: _____

Referred by: _____

Employer: _____

Employer's address: _____

City State Zip

Occupation: _____

Significant other / Spouse: _____

Do you have children? Yes No How many? _____

Are you: a minor married single divorced separated widowed ?

Person ultimately responsible for account

Name: _____

Relation: _____

Billing address: _____

City State Zip

SSN#: _____ -- _____ -- _____

Driver's license #: _____

Work phone #: _____

Payment method: Cash _____ Check _____

Credit card (enter card # below if accepted here)

_____ I hereby authorize assignment of my insurance (Initials) rights and benefits directly to the provider for services rendered. I fully understand that I am solely responsible for any balance not paid by my insurance company (if offered by this office).

INSURANCE INFORMATION OFFICE USE ONLY, PLEASE

Insurance company: _____

Claims address: _____

City State Zip

Claims Phone #: _____

Insured's name: _____

Birthdate: _____ -- _____ -- _____

Relationship to patient: _____

Employer: _____

Address: _____

City State Zip

Effective date: _____

Policy #: _____

Group #: _____

Chiropractic benefits: Y ___ N ___

Referral from provider needed: Y ___ N ___

Pre-certification needed: Y ___ N ___

UHC/Great West: ACN notification? Y ___ N ___

NETWORK IN OUT

Deductible _____

Deduct. met? _____

Co-pay? _____

Co-insurance? _____

Insurance pays % _____

Patient pays % _____

Max # visits / year _____

Max benefits / year _____

Max modalities / visit: _____

Patient co-pay for evaluation? \$ _____

contact: Card copied? Y N

In the event of an EMERGENCY

We should contact: _____

Relationship to patient: _____

Home / Cell phone: _____ / _____

Work phone: _____ - _____ -- _____ Ext _____

Who is your medical doctor? _____

MD's phone #: _____

Please continue on back - Thank you! >>>>>>

