

Patient Introduction Form

Date: _____

Chart No. _____

(Mr., Mrs., Miss, Ms.) Name: _____

Age: _____ Date of Birth: _____ Marital Status: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

City, State, Zip: _____

Driver's License No.: _____ SS #: _____

E-mail Address: _____

Employer Name and Address _____

Occupation: _____

Name of Health Insurance Company: _____

Who is the primary card holder? Self Spouse Parent Partner

Health Insurance Member ID#: _____ Health Insurance Group #: _____

Health Insurance Provider or Member Services Phone #: _____

Spouse's Name: _____ Spouse's SS#: _____

Spouse's Employer: _____ Spouse's Date of Birth: _____

Nearest relative or friend who may be called in case of emergency: _____

Relationship: _____ Phone: _____

Who (or what source) referred you? _____

It is usual and customary to pay for services as rendered.

I do hereby authorize Yeager Chiropractic and Wellness Center to furnish my Insurance Company with a full report of physical examination, diagnosis, treatment, prognosis, etc., of myself in regard to my injury and/or illness if requested by them.

I hereby authorize and direct payment to said doctor such sums as may be due on owing him for chiropractic service rendered me. I understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me. This agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment.

I have read and agree to be bound by the terms of this assignment of benefits. I have also been advised that if my insurance company does not cooperate in protecting the doctor's interest, he will not await payment but may declare the entire balance due and payable. These assigned proceeds shall not exceed amounts due and payable to doctor for services rendered.

PATIENT'S SIGNATURE _____

DATE _____