



GONSTEAD CHIROPRACTIC CLINIC, S. C.

Patient Information Form

Name _____ SS# _____
(Last, first, middle initial)
Home Phone () _____
E-Mail Address: _____ CELL Phone () _____

Street Address _____

City _____ ST _____ Zip _____

Age _____ Birth Date _____ M F Marital: M S W D # of Children _____

Occupation _____ Employer _____
Address _____ Work Phone () _____

Drivers License # _____ Who recommended our clinic? _____

Emergency Contact: _____ Phone _____

Name of Spouse (or Parent if Minor) _____ Work Phone () _____

Employer _____ Address _____

Name of Nearest Relative _____ Phone () _____

Address _____ City, ST _____ Zip _____

Name of Insured _____ Insurance Company _____

Billing Address _____ City, ST _____ Zip _____

Phone () _____ Group/Plan # _____

ID# _____ Effective Date _____

I understand and agree that health and accident insurance policies are an arrangement between my insurance company and myself, not between my insurance company and this office. I request the Gonstead Chiropractic Clinic to complete any usual and customary reports and forms at no charge to assist in collecting from my insurance company.

If mine is a regular health insurance case, I agree to pay the proper percentage of services as they are rendered. I understand any benefits quoted by my insurance company are only an outline and not a guarantee of these benefits. I further understand that if I suspend or terminate my schedule of care as determined by my treating doctor or if coverage is denied by my carrier, any fees for professional services will become immediately due and payable.

All HMO/PPO patients with a co-pay must pay this at the time of service. All cash patients must pay at the time of service. A \$5.00 monthly bookkeeping fee will be assessed on all past due accounts. Any further delinquency of payment will suspend care until full payment is made.

I hereby authorize examination and treatment of myself and/or my charge who is under 18 years of age.

Patient (or guardian) signature _____ Date _____

DR. _____

Case # _____