

Welcome to Schroeder Chiropractic

Who may we thank for referring you?

Name: _____ Nickname: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Other: _____

Email: _____ Best Time and Way to Reach You: _____

Sex: _____ Age: _____ Birth date: _____ Social Security Number: _____

Marriage Status: _____ Occupation: _____

Employer: _____ Address: _____

Emergency Contact Name: _____ Relationship: _____

Contact Number: _____

Name of Spouse: _____ Birth date: _____

Occupation: _____ Employer: _____

Social Security Number: _____

Name and Ages of Children Residing in the Home: _____

Who is responsible for this account: _____ Relationship to Patient: _____

Name, Relationship, and Phone Number of those you wish to allow us to share your information with, such as spouse, parent, or child. Information shared may include account information, diagnosis, and treatment plan information.

Name Relationship Phone Number

Insurance Coverage Available?

YES NO Does Not Cover Chiropractic Care Not Sure

Do you have a PCA, FSA, HRA, or HSA account associated with your insurance carrier(s)?

If you do, the funds reserved in that account will be used for services rendered at our office. Your insurance company determines the amount submitted to your savings plan. We are unable to refund payments directly to the patient.

Insurance Company:

Please Provide Copy of Card

I, the undersigned certify that I (or my dependent) have insurance coverage with the above company and assign directly to Schroeder Chiropractic PC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance or use of my PCA, FSA, HRA, or HSA plan. I hereby authorize the doctor to release all information necessary to secure the payment of benefits, and I authorize the use of the signature on all insurance submissions.

I consent to treatment, understanding that risks are present with any treatments and that treatment is my choice.

Signature

Printed Name