

KANADY

CHIROPRACTIC CENTER

WELCOME

Thank you for selecting our health care team! We strive to provide you with the highest quality care in a comfortable atmosphere. To help us meet all of your health needs, please fill out all the forms provided completely. If you have any questions or need assistance, please ask us – we will be happy to help you.

PATIENT

Name _____
(Last) (First) (Middle)

I prefer to be called _____ Sex: Male Female Birthdate: _____

Residential Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Drivers License # _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Marital Status: M S W D Pregnant: Y N Children Y N How Many Children? _____

Occupation _____ Employer _____

Address _____

Referred By: _____

SPOUSE OR GUARDIAN

Name _____
(Last) (First) (Middle)

Occupation _____ Employer _____

Home Phone _____ Cell Phone _____ Birthdate: _____

IF PRIMARY ON INSURANCE

PLEASE READ CAREFULLY

It is customary for payment to be made at time of visit, unless other arrangements have been made in advance.

Name of Person Responsible for Payment _____

Are you insured? Yes No Insurance Company _____ Group # _____

Name of Policy Holder _____ Policy # _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that **KANADY CHIROPRACTIC CENTER INC. AND / OR DR. TREVOR TEW, P.C.** will prepare any necessary reports and forms to assist me in making collections from the insurance company and that will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment any fees for professional services rendered me will be immediately due and payable.

Patient's Signature _____ Date _____

Guardian's Signature _____ Date _____

Legal Guardian's Signature authorizing payment and care of a minor.

Update: _____

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