

Kenley Chiropractic

"Delivering Good Health"

Patient update sheet

Please complete Parts **A** & **C** in all cases. Complete Part **B** only if the information has changed since you were last in our office. *Thank you!*

Part A

Name: _____

Address: _____

Phone numbers: _____

Purpose of this appointment: _____

Is this the same problem you were originally under care for? YES NO

If yes, are there additional symptoms? _____

Other doctors seen for this condition: _____

What medications or drugs are you taking? _____

Health insurance update

Insurance company: _____

Subscriber/Member ID: _____ Group #: _____

Customer service phone #: _____ Provider relations phone #: _____

Part B

Occupation: _____ Employer: _____

Employer's address: _____

Work phone: _____

Spouse: _____ Spouse's employer: _____

Part C

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 authorize this chiropractic clinic to release any medical information and 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 a percentage of services as they are rendered. However, I understand that I am ultimately responsible for payment in full at this office. I also understand that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

Signature

Date

Printed name

Witness