



TOLMAN CHIROPRACTIC

Registration Form

Patient _____ Age _____ Date of Birth _____ Sex: Male Female
Last Name First Name Middle Initial

Day Phone: _____ Night Phone: _____ Cell: _____ Email _____

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

Single Married Widowed Separated Divorced Social Security# _____ or other ID: _____

Condition related to: Auto Accident Work-related Injury Other Injury Illness Wellness Unknown

Employer	Company Name _____ Occupation _____ Address _____ Phone _____ Years Employed _____ City _____ State _____ Zip _____ Work Shift Hours _____
Spouse	Full Name _____ DOB: _____ Occupation _____ Employer Name _____ Years Employed _____
Insurance Information	Health Insurance (if you have your card, please give it to receptionist to make a copy) Primary Insurance _____ Name of Policy Holder: Self _____ Policy# _____ Group/ID# _____ Effective Date _____ Secondary Insurance _____ ID# _____
Medical/Legal Information	Family Physician _____ Location _____ Phone _____ Person to contact in case of emergency _____ Phone _____ Are your present symptoms or conditions related to or the result of an auto accident, work-related injury or other personal injury? Yes No If yes, please fill out an injury form, available at the front desk.
Patient Agreement	Legal Assignment And Medical Release In considering the amount of medical expenses to be incurred, I, the undersigned, have insurance and/or employee health care benefits coverage with the above captioned, and hereby assign and convey directly to Tolman Chiropractic all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services rendered from such doctor and clinic. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the doctor to release all medical information necessary to process this claim. I hereby authorize any plan administrator or fiduciary, insurer and my attorney to release to such doctor and clinic any and all plan documents, insurance policy and/or settlement information upon written request from such doctor and clinic in order to claim such medical benefits, reimbursement or any applicable remedies. I authorize the use of this signature on all my insurance and/or employee health benefits claim submissions. I authorize the release of any information including diagnosis and chart records of any evaluation and treatment rendered to me during the period of such care to other health practitioners who I have seen or plan to see for such procedures/treatment. I have read, understand and agree to the Clinic Account Policy (see below) of this office. I agree to pay an additional finance charge of one and one-half percent per month as well as a \$25.00 service fee to Tolman Chiropractic, on all delinquent accounts of greater than 60 days. If any legal action is necessary to enforce the terms of this agreement, or if it is necessary to employ the services of an attorney to enforce the terms of this agreement, I will pay all reasonable collection costs that are incurred by Tolman Chiropractic in the pursuing to collect such amounts from me. This assignment will remain in effect for current and all future services rendered to me by Tolman Chiropractic until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I have read and fully understand this agreement. _____ Signature of Insured/Guardian _____ Date

Clinic Account Policy: Payment is requested for all office services at the time rendered and may be paid by **cash, check, debit or credit card**. Pre-payment or payment at the time of service is eligible for a non-billing and/or book keeping savings. If you have insurance that pays for your care, we will be glad to bill for you. You will be responsible for deductibles and/or co-payments.

Who may we thank for referring you to our office? _____, or please tell us:
How did you find us? Yellow Pages Drive by/Sign Bus Bench Advertisement or other: _____

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

- Thomas Edison