

PATIENT INTRODUCTION FORM

Wells Chiropractic Center
314 Alamance Rd., Burlington, NC 27215
336-226-8450

No. _____ Date _____

Name (Mr., Mrs., Miss, Ms.) _____

Home Address _____ Phone No. _____

City _____ State _____ Zip _____ Driver License No. _____

Social Security No. _____ e-mail _____ Cell Phone _____

Age _____ Date of Birth ____/____/____ Married _____ Single _____ Other _____

Occupation _____ Employer _____

Office Address _____ Phone No. _____

Spouse's Name _____ Spouse's Social Security No. _____

Spouse's Employer _____ Spouse's Date of Birth ____/____/____

Nearest relative or friend who may be contacted in case of an emergency _____

Relationship _____ Phone _____

How did you hear about our office? _____

It is usual and customary to pay for services rendered unless otherwise arranged.

I do hereby authorize Wells Chiropractic Center to furnish my Insurance Co. with a full report of physical examination, diagnosis, treatment, prognosis, etc. of myself in regard to my injury, if requested by them.

I hereby authorize and direct payment directly to said doctor such sums as may be due on owing him for chiropractic service rendered me. I understand I am directly and fully responsible to said doctor for all medical bills submitted by him or her for service rendered me. This agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment.

I have read and agree to be bound by the terms of this assignment of benefits. I have also been advised that if my insurance company does not cooperate in protecting said doctor's interest, he will not await the payment but may declare the entire balance due and payable; these assigned proceeds shall not exceed amounts due and payable to said doctor for services rendered.

Patient's Signature _____ Date _____