

## Inline Chiropractic – Patient Demographics

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please list numbers where we may contact you regarding your health:

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ # of Children \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Your Occupation \_\_\_\_\_ Employed By \_\_\_\_\_

How were you referred to our office? Family or Friend's Name \_\_\_\_\_

Yellow pages \_\_\_\_\_ Office Signs \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Smart Phone \_\_\_\_\_

Internet: Google \_\_\_\_\_, Yahoo \_\_\_\_\_, Bing \_\_\_\_\_, Yelp \_\_\_\_\_, Insurance Website \_\_\_\_\_, Other \_\_\_\_\_

Can we use your name when sending a thank you to your friend? Yes \_\_\_\_\_ No \_\_\_\_\_

Will we be billing an Insurance Company for you? \_\_\_\_\_ Insurance Comp: \_\_\_\_\_

(Please present your insurance card to the front desk.)

**PLEASE FEEL FREE TO DISCUSS OUR FEES. FEES ARE PAYABLE WHEN SERVICES ARE RENDERED UNLESS SPECIAL ARRANGEMENTS ARE MADE IN ADVANCE.**

I request that payment from my insurance company be made directly to Zerba Chiropractic, P.C. I authorize Zerba Chiropractic, P.C. to release to the carrier or its intermediaries information needed for the claim. I also understand that if my claim is denied due to the carrier's inability to pay due to medical necessity, or lack of coverage, I am financially responsible.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Guardian signature, if a minor*

### ***Office use only:***

Case/FeeSch \_\_\_\_\_ Alerts \_\_\_\_\_ Self Check In \_\_\_\_\_ NPBook/TY \_\_\_\_\_ Ins. Other info/Grp# \_\_\_\_\_ Check Ins Against Card \_\_\_\_\_

***Zerba Chiropractic, P.C***