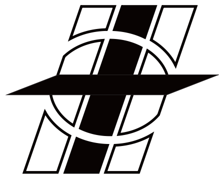

ALFRED ALMOND CHIROPRACTIC, LLC

www.AlfredAlmondChiro.com

"Your Best Alternative"

Dr. Daniel P. Lee, DC - Clinic Director

49 Hillcrest Drive
Lower Level
Alfred, NY 14802

(607) 247-4017 phone
(607) 247-4018 fax

drlee@alfredalmondchiro.com

GENERAL PATIENT INFORMATION

(This information is necessary for our files and will be considered confidential) Date

Name Phone

Address City State Zip

Referring Physician Specialty

Date of Birth Age Social Security #

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Employed by Work Phone

Employer's Address Occupation

How did you hear about us? ☐ Friend ☐ Yellow Pages ☐ MD Referred ☐ Ins. Par Listing ☐ Other

Name of person to notify in case of emergency

Phone Number Relation

PATIENT INSURANCE INFORMATION

Primary Insurance Co. Effective Date

ID # Group # Co Pay Amount $

Subscriber's Name Social Security # Date of Birth

Subscriber's Employment

Relation ☐ Self ☐ Spouse ☐ Other

Secondary Insurance Co Effective Date

ID# Group #

Subscriber's Employment

Relation ☐ Self ☐ Spouse ☐ Other

INSURANCE AUTHORIZATION

I hereby authorize and request my insurance company to pay directly to the Doctor the amount(s) due on my claim for services rendered to me or my dependent. I further agree that should the amount be insufficient to cover the entire medical and surgical expense, I will be responsible for the payment of the difference; and if the nature of the disability be such that it is not covered by the policy, I will be responsible to the Doctor for the payment of the entire bill.

Patient Signature Date

MEDICARE

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries any information needed for this or related claim. I permit a copy of the authorization to be used in place of the original and request payment or medical services to be made to the party who accepts assignment.

Patient Signature Date

Your Co-payment is due at the time of your visit. Thank you.