SnyderChiropracticCare

For better health & wellness

Registration Form

(Please Print)

Today's Date	PCP:

Patient Information

Patient's last name: First: Middle:	Mr. Mrs.	Miss Ms.	Marital Status: (circle one) Single /Mar / Div / Sep / Wid

Is this your legal name? Yes No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: M F

Street address:	Social security no.:	Home phone no.: ( )

P.O. box:	City:	State	ZIP code:

Occupation:	Employer:	Employer phone no: ( )

Street address:	City/State:	ZIP code:

Choose clinic because/Referred to clinic by (check one): Dr.______________________ Insurance Plan Hospital

Family Friend Close to home/work Yellow Pages other

Other family members seen here:

Insurance Information

Please give your current insurance card to the receptionist.

Person responsible for bill:	Birth date: / /	Address (if different):	Home phone no.: ( )

Occupation:	Employer:	Employer address:	Employer phone no.: ( )

Is this person a patient here? Yes No Is this person covered by insurance? Yes No

Please indicate primary insurance AETNA UNITED HEALTH CARE ANTHEM BC/BS CIGNA BWC MEDICARE

MEDICAID OTHER

Subscriber's name	Subscriber's Social Security no.:	Birth date: / /

Group no.:	Policy no.:	Co-payment:

Patient's relationship to subscriber: Self Spouse Child Other

Name of Secondary Insurance (if applicable):	Group no.:	Policy no.:

Secondary Subscriber's name:	Subscriber S.S. No.:	Birth date: / /	Co-payment:

Patient's relationship to subscriber: Self Spouse Child Other

In Case of Emergency

Name of local friend or relative:	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance and am liable for collections and/or legal fees. I also authorize Snyder Chiropractic Care or insurance company to release any information required to process my claim.

Patient/Guardian signature Date