

Argyle Family Chiropractic

Patient Information Sheet

Please Complete the following information below so that we may efficiently serve you.

1. **Patient Name** _____
2. Address _____ City _____ State _____ Zip _____
3. Home Phone _____ Work Phone _____
4. Cell Phone _____ Birth Date _____ Martial Status _____
5. Driver's License # _____ Soc. Sec. # _____
6. Employment Status: Full Time _____ Part Time _____ Retired _____
7. Employer Name _____ Occupation _____
8. E-mail Address _____

Primary Insurance Information

1. Name of Insured _____ Birth Date _____ Soc. Sec. # _____
2. Address _____ City _____ State _____ Zip _____
3. Insurance Co. _____ Policy # _____ Group # _____
4. Insurance Co. Address _____ City _____ State _____ Zip _____
5. Insured Relationship to patient: Self _____ Spouse _____ Child _____ Other (please specify) _____
6. Insured Employer Name _____ Employer Address _____
Employer Phone# _____ Occupation _____
7. Is there Secondary Insurance Coverage? Yes _____ No _____ (If yes please complete next section)

Secondary Insurance Information

1. Name of Insured _____ Birth Date _____ Soc Sec # _____
2. Address _____ City _____ State _____ Zip _____
3. Insurance Co. _____ Policy # _____ Group # _____
4. Insured Co. Address _____ City _____ State _____ Zip _____
5. Insured Relationship to Patient: Self _____ Spouse _____ Child _____ Other (please specify) _____
6. Insured Employer Name _____ Phone _____ Occupation _____

Patient Long-Term Signature Authorization

I hereby authorize the release of any medical or other information necessary to process my claim.
I also request payment of government benefits either to me or to the party who accepts assignment.
I also authorize payment of medical benefits to the above provider for any services.
This authorization also permits the release of information to this provider by HCFA, its intermediaries, or carriers of unassigned Medicare Claims.
I further permit copies of this authorization to be used in place of the original.

Patient/Insured _____ **Date** _____