



Date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Circle one: Married /Single/Divorced /Widowed /Separated

Email: \_\_\_\_\_ Employed? Yes / No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about our office? Referred by: \_\_\_\_\_ Yellow Pages / Internet / Location

Who is responsible for your bill: you and Spouse/Work Comp/Auto Ins./Medicare

### INSURANCE INFORMATION

Primary Insurance Company Name: \_\_\_\_\_ Health Card # \_\_\_\_\_

Insured Person's Name: \_\_\_\_\_ Insured Date of Birth \_\_\_/\_\_\_/\_\_\_

Relationship to Patient: \_\_\_\_\_ Insured Employer: \_\_\_\_\_

Secondary Insurance Company Name: \_\_\_\_\_ Health Card # \_\_\_\_\_

Insured Person's Name: \_\_\_\_\_ Insured Date of Birth \_\_\_/\_\_\_/\_\_\_

Relationship to Patient: \_\_\_\_\_ Insured Employer: \_\_\_\_\_

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I authorize the release of any medical or other information needed to process this claim and I understand that any amount authorized to be paid shall be paid to **Aguayo Chiropractic & Wellness, INC.**, and will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be due immediately and payable.

Patients Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Guardian or Spouse's Signature Authorizing Care: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

•2212 BROADWATER AVE. STE. D, BILLINGS, MT 59102 •(P)406-294-5777 •(F)406-297-5778