



**WELCOME**

The Doctor and staff of Pacific Life Chiropractic welcome you to our practice. We want to provide you and your family with the best possible care and health experience. We will perform a thorough history and chiropractic physical examination to decide if we can assist you. If we do not believe that your condition will respond to chiropractic care, we will not accept you as a patient but will refer you to another health provider if appropriate.

**INSURANCE**

This office will process your insurance forms upon request. We will do our best to provide sufficient information to your carrier to obtain payment for your treatment. We have found that, in some instances, however some insurance companies will deny and reduce payment despite our best efforts to demonstrate the necessity of care. In the event that full payment is not made for any reason, you must understand that you are responsible to make payment in full.

**Patient Name:** \_\_\_\_\_ **Home Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Subscriber Information**

**Subscriber's Name:** \_\_\_\_\_

**Subscriber's D.O.B:** \_\_\_\_\_ **Subscriber's SS#** \_\_\_\_\_

**Subscriber's Employer:** \_\_\_\_\_

**PAYMENT AGREEMENT:** I understand that there is no guarantee that my insurance company(s) or pre-paid health plan will cover or pay for all my charges. Notwithstanding denial, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges and interest of 1.5% per month.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mon./day/year

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

**MISSED APPOINTMENT POLICY**

We require a two hour notice if you are going to miss your scheduled appointment There will be a "two missed appointment grace period," where you will be allowed to miss twice without penalty Upon the third missed appointment, and thereafter, you will be charged \$10.00 for missing an appointment. For special office visits (Initial, Progress, comparative, and re-examinations), a minimum of \$20 fee will be applied.

Initial \_\_\_\_\_