

Gaertner Chiropractic & Integrated Medicine Clinic PA

315 7th Ave. South Nampa, Idaho 83651 (208) 467-5994

Date _____

(Please Print)

Name _____ S.S.N. _____
Last First Middle

Address _____ Phone _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Male Female No. of Children _____

Occupation _____ Married Single Divorced Widowed

Employer _____ Business Phone _____

Address _____ City _____ State _____ Zip _____

Name of spouse (or parent if minor) _____

Person responsible for account _____ S.S.N. _____

Do you have health insurance? _____ What company: _____

Referred by: _____

FEES ARE PAYABLE AT THE TIME SERVICES ARE RENDERED UNLESS SPECIAL ARRANGEMENTS ARE MADE PRIOR

I give permission to Dr. Shannon Gaertner and/or her staff to perform necessary tests and to render chiropractic care. I understand that all x-rays and all files are a part of this office and as an element necessary for continuing care, are the property of this office.

I authorize release of any medical information necessary to process my insurance claim or obtain payment of my account.

Nearly all insurance policies provide chiropractic coverage, but benefits vary from company to company and policy to policy. Therefore, although we will find out the insurance form the patient is personally responsible for payment of services rendered. We do not accept certain insurance arrangements but all insurance arrangements must be approved in advance.

I understand that if I suspend or terminate my care or treatment, any fees for professional services rendered me will be immediately due and payable. I also understand that some medical information may be released in order to obtain payment of my account.

Signature _____

Our personal Concern

Our professional and personal concern is just two things, your health and our reputation. Therefore, we accept only those patients whom we sincerely believe we can help.