Nicolai Chiropractic Center – New Patient Intake Form

PLEASE PRINT ***Use Legal Names - no nicknames*** Today's Date: _____
Last Name_____ First_____ M.I._____ Soc. Sec. #: _____
Mailing Address_____City/State_____ Zip_____
Preferred name or nickname: _____Age: _____ Birth Date: _____ Marital Status: M S W D Gender: M F
Would you like to receive our monthly newsletter? Yes No Email Address: _____
Home Phone: _____ Cell Phone: _____
Occupation: _____ Employer: _____ Work Phone:_____
Employer's Address: _____
Spouse/Parent Name: _____ Spouse/Parent Birth Date: _____ Soc. Sec #: _____
Spouse/Parent Employer: _____Employer Address: _____ Phone #: _____
List Household Members who are patients here: _____
Medicare No._____ Full Name on Card_____
Insurance Co._____ Policy #_____Policyholder Name_____
Insurance Co._____ Policy #_____Policyholder Name_____
Who Were You Referred By _____

Consent ❖ Release of Information ❖ Financial Policy ❖ Truth of Information

I authorize Dr. Nicolai/Dr. Smith and whomever he may designate as his assistants to perform Chiropractic adjustments, treatments, and procedures upon (patient name) _____. I further consent to X-ray examination, laboratory procedures, consultations, and diagnostic procedures rendered in conjunction with Chiropractic care.

I authorize the release information from the patient's records to doctors, hospitals, or others for continuous care and to any third party who requires information in order to fulfill an obligation benefitting the patient. I authorize payment to Nicolai Chiropractic from the patient's insurance company(s) and/or Medicare.

Nicolai Chiropractic Center accepts most insurances. We will process insurance claims and send them to the respective company(s). However, co-payments are due at the time of service. I understand that I am responsible for the balance of the account that insurance does not cover.

Medicare patients: I understand that Medicare does *not* cover X-ray examinations, physical examinations, extremity adjustments, hot or cold treatments, traction or other therapies performed by a Chiropractor. Medicare will only cover chiropractic spinal adjustments. Medicare, in some cases will allow up to 12 visits per year. If, in some instances, Dr. Nicolai/Dr. Smith feels that more treatments are necessary he may apply for additional treatments. Medicare does not cover the cost of supplements often suggested as treatment by chiropractors. If x-rays, physical exams, therapies, or supplements are required, and supplemental insurance does not cover these services, I understand that I am responsible for these charges.

Accidental Policy Holders: (Combined, Capitol America, AFLAC etc.) You must fill out your portion of the accident report form. Our portion will then be completed. ***You must notify us at the time of your visit so a record of the accident becomes part of your medical record.*** If accident information is not part of the medical record, your insurance company may deny your claim. Total disability will be declared only by the Doctor and will be noted in your chart.

Patients with no Chiropractic coverage: Full payment is due at the time of service. If full payment cannot be made at the time of service, please ask the receptionist about our payment plan.

Supplements and other products must be paid for at the time of purchase.

I have truthfully answered all questions to the best of my ability and consent to treatment. I have read and fully understand the financial policy of Nicolai Chiropractic Center and agree to the terms therein.

_____ _____
Patient, Parent, or Legal Guardian Signature Date