

NORTHERN CHIROPRACTIC, P.C.

Thank You For Choosing Us As Your Option For Health

PERSONAL

First Name _____ MI _____ Last _____
 Nickname _____
 Address _____
 City _____ State _____ Zip _____
 Social Security# _____
 Gender Male Female Birth Date _____ Age _____
 Marital Status Single Married Divorced Widowed
 Spouse _____
 Primary Contact # _____ work / cell / hm
 Secondary Contact # _____ work / cell / hm
 May we leave a message? Y N Phone _____
 Email _____

Emergency Contact _____
 Relation to Contact _____ Phone _____

Whom may we thank for referring you to us?

How did you choose our clinic?
 Chamber of Commerce Directory Yellow Pages MTA
 The Cache Yellow Pages _____
 The Star Location _____
 Office Sign Health Care Provider/Doctor
 Football Sign Other _____

CASE

Were you in an Auto Accident? _____ Injury Date: _____
 Were you in a Work related Injury? _____ Injury Date: _____
 Will you be utilizing medical benefits? _____

NO Insurance	Medicaid	Auto Med-Pay	
Insurance	Medicare	Work Comp Ins.	

Occupation _____
 Employer _____
 Address _____
 Department _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____

PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED

PAYMENT METHOD FOR PATIENT'S PORTION WILL BE:
 Cash Check Credit Card
 Check Debit Credit Balance

GUARANTOR

Policy Holder (PH) _____
 Address _____
 City _____ State _____ Zip _____
 Social Security# _____
 Gender Male Female Birth Date _____ Age _____
 Home Phone _____
 Employer (PH) _____
 Employer Phone _____
 Address _____
 City _____ State _____ Zip _____

Insurance _____
 Call Benefits @ _____
 Contact _____
 Group Number _____
 ID/Claim # _____

2nd Insurance _____

Patient Is:
 Self Spouse Child 3rd Party Other _____

CONSENT TO TREAT MINOR

I authorize Dr. Gregory Culbert to perform chiropractic care on my child _____
 X _____ Date _____
 Parent/Guardian's Signature

AUTHORIZATION & ASSIGNMENT OF BENEFITS

I authorize the staff to perform any necessary services needed during diagnosis and treatment.
 I authorize the release of any medical information necessary to process and pay this claim. I authorize payment directly to:

NORTHERN CHIROPRACTIC

of the "Health Benefits", "Medical Reimbursement" from a Third Party Payor and/or "Government Benefits" otherwise payable to me. I understand this office only accepts assignment when insurance pays directly.

X _____ Date _____
 Patient/Guarantor's Signature

GENTLE, EFFECTIVE HEALTHCARE FOR ALL AGES AND LIFESTYLES

Gregory M. Culbert, D.C. DABCO, Chiropractic Orthopedist
 11723 Old Glenn Highway • Eagle River, AK 99577 • Phone (907) 696-4878 • Fax (907) 696-4674

PAST HEALTH HISTORY

Fractured/Broken Bones? When? Where? _____

Major Accidents or Falls? When? _____

Prior Surgeries? When? _____

Medications/Vitamins? Today? _____

Prior Diagnosis/Disease/Illness? When? _____

Allergies? _____

Habits? _____

Medical doctor's name: _____

Are you under a doctor's care now? Why? _____

Is this your first visit to a Chiropractor? Yes No

Name/Address of former Chiropractor: _____

(Women) Are you pregnant or trying? Yes No Nursing? Yes No Taking birth control pills? Yes No

EXERCISE AND WORK

What type of exercise do you perform on a regular basis? _____

What do your daily work habits include? (sitting, standing, light labor, heavy labor, computer work): _____

FAMILY HISTORY

Has any member of your family had any of the following? List Relationship Arthritis? Type? _____

High Blood Pressure? _____ Diabetes? _____ Cancer? Type? _____

Heart Problems? _____ Back or Neck Problems? _____ Other? _____

PRESENT HEALTH HISTORY

Purpose of this chiropractic appointment: Examination Emergency Consultation

Date and time of injury: _____ Location of injury: _____

What activity were you doing when injured? _____

When did you first notice the symptoms? _____ Symptoms developed from: _____

Were you hospitalized? Yes No Where? _____

Major complaints: _____

Have you had this complaint before? Explain: _____

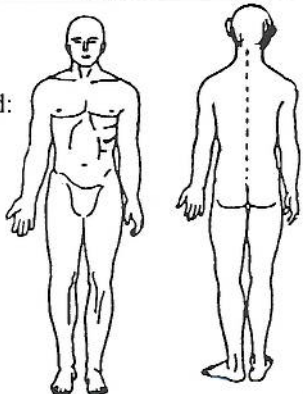
Doctors seen for this ailment: _____

Type of Doctor: _____ Diagnosis: _____

Treatment: _____ Results: _____

Label area(s) of discomfort using arrows and other descriptions as needed:

- Pain: XXX
- Numb: NNN
- Burn: BBB
- Spasm: SSS
- Tingly: TTT



Comments/descriptions: _____

FINANCIAL AGREEMENT

INSURANCE

As a courtesy to our patients, Northern Chiropractic will bill your health insurance. To process insurance claims quicker, please call your insurance company to answer any questionnaires. Even though an insurance claim is filed, the patient will receive a statement each month indicating the amount owed. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. We expect payment of the portion not covered by your insurance company. All co-pays and fees are due at the time of service. For your convenience, Northern Chiropractic accepts CASH, CHECK, VISA and MASTERCARD. If needed, financial arrangements are available. Financial arrangements must be discussed and approved.

NON-INSURED/CASH

All fees are due at the time of service. For your convenience, Northern Chiropractic accepts CASH, CHECK, VISA and MASTERCARD. If needed financial arrangements are available. Financial arrangements must be discussed and approved.

WORKERS' COMPENSATION

Chiropractic services are covered by Workers' Compensation law, and you should be covered 100%, as long as your employer is aware you were injured on the job and you have completed the necessary required paperwork. We will bill your Workers' Compensation Carrier. However, should a controversion arise, please be advised you are responsible for any outstanding amounts. If needed, Northern Chiropractic will assist you with any claims filed as much as possible.

MEDICARE

It is Federal Law that we charge for all services provided. Medicare does not pay for X-rays, examinations, physical therapy, maintenance care, supplements or supplies when ordered and delivered by a chiropractic physician. There may be other non-covered services you will be responsible for. If you have a supplemental insurance policy that covers chiropractic we will bill them for you if Medicare does not. All co-pays and fees are due at the time of service. For your convenience, Northern Chiropractic accepts CASH, CHECK, VISA and MASTERCARD. If needed financial arrangements are available. Financial arrangements must be discussed and approved.

MEDICAID

Dr. Culbert is a participating Medicaid provider and will bill covered services as a courtesy as long as we have your current information on file, and you provide us with a copy of your monthly eligibility coupon. All co-pays and fees are due at the time of service. For your convenience, Northern Chiropractic accepts CASH, CHECK, VISA and MASTERCARD. If needed financial arrangements are available. Financial arrangements must be discussed and approved.

IT MUST BE UNDERSTOOD

1. Northern Chiropractic **DOES NOT** guarantee that an insurance company will pay. Nor does the clinic promise that an insurance company should pay the fees as charged.
2. Northern Chiropractic will not enter into a dispute with an insurance company for a reimbursement or the amount of reimbursement. The contract is between the patient and the insurance company, therefore, it is the patient's responsibility to see to it the insurance company pays its portion.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____