

FERNLEY CHIROPRACTIC
DAVID KAHN D.C.

PATIENT UPDATE FORM

NAME _____ MARITAL STATUS (CIRCLE ONE) S M D W
ADDRESS _____ CITY/STATE /ZIP _____
HOME # _____ WORK # _____ CELL # _____
S.S. # _____ D.O.B. _____ EMPLOYER _____
SPOUSE'S NAME _____ SPOUSE'S S.S. # _____ SPOUSE'S D.O.B. _____
SPOUSE'S EMPLOYER _____ INSURANCE CO. _____
REASON FOR VISIT _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this office will help prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account. However, I clearly understand and agree that all services rendered me are charged directly to me and that 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 immediately due and payable.

AUTHORIZATIONS AND ASSIGNMENT

I authorize Fernley Chiropractic to release any information to insurance companies, attorneys, or other physicians who may request this information. I also assign payments from my insurance company for services rendered at Fernley Chiropractic to be paid directly to the treating doctor

PATIENT SIGNATURE _____ DATE _____