Adult Non-Pl



Patient's Signature: ___

537 West Sugar Creek Road, Suite 101 Charlotte, North Carolina 28213

Dr. Henry E. Rice Dr. Ferzaan A. Ali Dr. R. Scott Saario

New Patient Information/Patient Information Update (Please PRINT Clearly)

Date:/				Chart #:	
Name: First	Middle	· · · · · · · · · · · · · · · · · · ·	Last	Maiden	
Address:				Apartment #	:
City:					
Social Security #:					
Home Phone: ()					
DOB:/					
Employer:		W	ork Phone: ()	
Business Address:					
Name of Spouse:					
Spouse's Employer:			· 	<u> </u>	
Spouse's Work Phone: (Spouse's D	OB:/	
Previous Chiropractic Care? Y	es □ No □ I	Ooctor's Name	:		
Health Insurance Company: _					
Major Complaint & Cause of i					•
What is the approximate date t					
Nearest Friend or relative that	· · ·				
Relationship:					
•					
It is usual and cus	tomary to pay	for services a	s rendered unles	ss otherwise arrang	<u>ged.</u>
I do hereby authorize ChiroCa furnish my Insurance Co. with myself in regard to my injury,	a full report of	physical exam	-	· · · · · · · · · · · · · · · · · · ·	•
I hereby authorize and direct period chiropractic service rendered results submitted by him for service protection and in consideration	ne. <u>I understand</u> rice rendered me	l I am directly e. This agreem	and fully respons	sible to said doctor for	or all medical
I have read and agree to be book insurance company does not condectare this entire balance due to said doctor for services rend	ooperate in proto and payable; th	ecting said doo	ctor's interest, he	will not await paym	ent but may

Date: _



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Date:
our practice? (Please be specific)
e and wish to have it filed if it includes chiropractic coverage. surance. but choose not to have it filed for this injury/illness. You will
visit at time of service.
rolina's "HIPAA Notice of Privacy Practices" made available to e a copy with me and may return to get a copy at any time.
Date: