

WELCOME TO FETZER FAMILY CHIROPRACTIC

Patient Information

Thank you for choosing *Fetzer Family Chiropractic* for your health care needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

Date _____ Email _____

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____ Birth Date _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Preferred contact number: Home/Cell/Work

Would you like to receive a text message / email reminding you of an upcoming appointment? **Y** or **N**

Employer _____ May we contact you at work **Y** or **N**

Single Married Divorced Widowed Minor # of Children _____

Emergency Contact _____ Phone # _____

Whom can we thank for referring you? _____

Race, Ethnicity and Primary Language

Race – Please check one

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other _____
- Declined Unknown/Unavailable

Ethnicity – Please check one

- Hispanic or Latino
- Not Hispanic or Latino
- Declined
- Unknown/Unavailable

Is English your primary language? **Y** or **N** If no, please list _____

PHI – Personal Health Information

Personal Health Information may be communicated in the following way (please select one or more):

No preference

In person only

Preference specified below:

Mailing address may be used for written communication

Messages may be left on answering machine at primary phone number listed

Voice mail message may be left on primary phone number or cell phone listed

Text message may be sent to cell phone

For each of the conditions listed below, place a check in the Past column if you have had the condition in the past. If you presently have a condition listed below, place a check in the Present column.

Past	Present		Past	Present		Past	Present	
___	___	Headaches	___	___	High Blood Pressure	___	___	Allergies
___	___	Jaw Pain	___	___	Heart Attack	___	___	Asthma
___	___	Neck Pain	___	___	Chest Pains	___	___	Epilepsy
___	___	Mid Back Pain	___	___	Stroke	___	___	Depression
___	___	Low Back Pain	___	___	High Cholesterol	___	___	Eczema/rash
___	___	Shoulder Pain	___	___	Kidney Disorders	___	___	Sinusitis
___	___	Elbow/Arm Pain	___	___	Bladder Infections	___	___	Poor Sleep
___	___	Wrist/Hand Pain	___	___	Yeast Infections			
___	___	Hip/Upper Leg Pain	___	___	Prostate Problems			
___	___	Knee/Lower Leg Pain	___	___	Diarrhea/Constipation			
___	___	Ankle/Foot Pain	___	___	Abnormal Weight Gain/Loss			
___	___	Trouble Walking	___	___	Ulcer			
___	___	Joint Swelling	___	___	Liver Disorders			
___	___	Joint Stiffness	___	___	Gallbladder Disorders			
___	___	Numbness/Tingling	___	___	Cancer			
___	___	General Fatigue	___	___	Diabetes			
___	___	Muscular Incoordination	___	___	HIV/AIDS			
___	___	Visual Disturbances	___	___	Tobacco Product Use			
___	___	Dizziness	___	___	Drug/Alcohol Dependence			



Thank you for taking the time to fill out our health questionnaire. It will help us to better serve you!

I have read and understand the payment policy of Fetzer Family Chiropractic. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Fetzer Family Chiropractic and my insurance company. I request that Fetzer Family Chiropractic send my claims so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 90 days, or if I suspend or terminate my schedule of care as prescribed by the doctor at Fetzer Family Chiropractic that all charges will be due and payable immediately.

Patient's signature (or guardian if patient is a minor)

Date

Fetzer Family Chiropractic

FINANCIAL POLICY

Our recommendations are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. Regardless of your coverage, we'll suggest the chiropractic care we think you need. We ask that you read and understand our policy as it applies to your particular situation.

Non Insured Patients

We request that 100% of each visit be paid in full. We are happy to accept your check, cash, Discover, Master Card, or Visa. We do offer a Time of Service discount of 10%.

Fetzer Family Chiropractic is a provider of *ChiroHealthUSA*, which is a medical discount plan that offers on average discount of 20% if you become a member at the annual charge of \$49 for your entire family. This is a popular option for families and patients receiving routine/maintenance care. We would be happy to assist you with any questions.

HEALTH INSURANCE

Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide some amount of coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will send in all claims to your insurance company. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays.

“ON THE JOB” INJURY (Worker’s Compensation)

If you are injured on the job, your care would likely be paid for under your employer’s Worker’s Compensation insurance. You will need to inform your employer of the accident first and obtain the name, address of the carrier and claim number of your insurance claim. If you do not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately.

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Please present your auto insurance information, and tell us if you have retained an attorney. There are options available to the PI patient:

1. Pay cash for your care and we will submit necessary information if requested.
2. We will bill (accept assignment) for the medical portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor’s Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to **(six)** months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

MEDICARE

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is **ONLY** manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are **NON-COVERED**. These services include, but are not limited to, x-rays, examinations, therapies, orthotics, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

SECONDARY INSURANCE

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

We are providers for the following companies:

Blue Cross Blue Shield of ND, Medica, MedicaIFB, Sanford, United Healthcare, Medicare, UMR, Medicaid of ND

Please inform us if you have a medical/health savings account, sometimes known as a 'flex plan'. We will be happy to provide you with a statement of your charges for reimbursement.