



**Medical History:**

Referred to our office by: \_\_\_\_\_

How old were you **the first time** you remember having a similar problem? \_\_\_\_\_

Have you been treated previously by a chiropractor?      Yes      No

If yes, what were your results? \_\_\_\_\_

Was there a specific activity that started your pain? \_\_\_\_\_

What seems to make your condition worse? \_\_\_\_\_

What seems to help? \_\_\_\_\_

What have you tried so far that has **not** worked? \_\_\_\_\_

When the pain is at its worst, how does it feel? \_\_\_\_\_

When the pain is at its worst, how much older do you feel than your actual age? \_\_\_\_\_

Has this problem been getting worse, better, or staying the same? \_\_\_\_\_

When it is at its worst, how does it affect you at work? \_\_\_\_\_

When it is at its worst, how does it affect your family life? \_\_\_\_\_

When it is at its worst, how does it affect your recreation? \_\_\_\_\_

Have you ever been in an automobile accident?      Yes      No

If yes, when and what were your injuries? \_\_\_\_\_

Please list any other accidents or traumas you have had in the past, and any resulting injuries: \_\_\_\_\_

Please list any past surgeries: \_\_\_\_\_

Do you suffer from: Headaches? Painful Menstruation? Sinus/allergy problems? Digestive Problems

Other health problems? \_\_\_\_\_

Is there a possibility that you are now pregnant?      Yes      No

Medications you currently take: \_\_\_\_\_

Fees are payable at the time treatment is received unless other arrangements are made in advance.

How will payment be made today?      Cash      Check      Credit Card

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



## Assignment of Insurance Benefits

Clark Chiropractic Center  
Dr. Steven E. Clark, Chiropractor  
418 East Diamond Ave. Gaithersburg MD 20877  
(301) 926-1500 \* Fax:(301)926-0462

I authorize permission to my insurance company that all bills submitted by Clark Chiropractic Center be paid directly to them. I understand that health and accident insurance policies are an arrangement between my insurance company and my self – not between my insurance company and this office. I further understand that filing insurance by this office is a courtesy provided to me.

I authorize this chiropractic clinic to release any medical information and to complete any usual and customary reports and forms collecting from my insurance company.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to the Insured: \_\_\_\_\_

Whose name is the policy Under? \_\_\_\_\_

Policy# \_\_\_\_\_ Group: \_\_\_\_\_

Social Security Number of Insured: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured's Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **OFFICE POLICY**

### **APPOINTMENTS**

After the first week of treatment, Dr. Clark will recommend a treatment plan, laying out the number and frequency of appointments necessary to resolve your problem. You will get the best results, and save time and money, by following this schedule as much as possible. Should you need to miss an appointment, it is important that you make it up within 7 days.

### **PATIENTS WITH INSURANCE**

As a courtesy, we will file your insurance claims for you. You have been given an "Insurance Coverage Verification" form, which must be completed before we can submit your claims. After this is done, and any deductible has been met, we will collect your co-pay at the time of service and wait up to 60 days for your insurance to reimburse the rest.

We file all claims electronically twice per month. **Should your insurance company deny payment or take over 60 days to pay, you will need to pay any outstanding balance at that time, and resolve the problem with your insurance company. We will provide you with any records you may need to accomplish this, but we cannot fight the insurance company for you.** Your insurance policy is a contract between you and your insurance company. Filing your claims is a free service we provide our patients as a courtesy. You are ultimately responsible for your bill.

We do not file for secondary insurance, but we will be happy to print out your claims so that you may do so.

### **ZERO BALANCE POLICY**

Our office policy is that all accounts must be current before any further services can be rendered.

**After 60 days, any amount due will automatically enter the collections process. Any fees incurred in collecting the overdue amount will be automatically added to the bill.**

I understand and agree to the above office policy.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_