



Patient Registration Form

Legal First Name: _____ M.I.: _____ Last Name: _____
Date of Birth: _____ Marital Status: M S W D Social Security: _____ - _____ - _____
Spouse: _____ Spouse's Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ Employer: _____
Reason for Visit: ☐ Wellness ☐ Auto Accident ☐ Work Injury ☐ Other Injury ☐ Other _____
How were you referred to our office? _____
Contact person in case of emergency: _____ Phone: _____
Name of parent(s) of minor patient: _____

Primary Health Insurance: _____
Insured's Name: _____ Relationship to Patient: _____
Date of Birth: _____ SSN: _____ Employer: _____
Address (if different than patient): _____

Secondary Health Insurance: _____
Insured's Name: _____ Relationship to Patient: _____
Date of Birth: _____ SSN: _____ Employer: _____
Address (if different than patient): _____

This office makes payment arrangements on an individual basis. Payment arrangements will be discussed during your report of findings. If you have insurance, we will gladly accept assignment as a courtesy to you. Deductibles and/or coinsurance assigned by your insurance company will be your responsibility.

I irrevocably assign to Heinen Chiropractic, S.C., all my rights and benefits under any insurance contracts for payment for services rendered to me by Heinen Chiropractic, S.C. In addition, I authorize Heinen Chiropractic to file insurance claims on my behalf for services rendered to me. I authorize all information regarding my benefits under any insurance policy relating to claims by Heinen Chiropractic, S.C. be released to Heinen Chiropractic, S.C. I direct that all payments go directly to Heinen Chiropractic, S.C. I acknowledge I am financially responsible for any unpaid balance.

My signature below verifies that I have read and fully understand the above information. I understand and accept that I am responsible for all charges incurred from services rendered at Heinen Chiropractic, S.C.

Patient/Guardian Signature: _____ Date: _____