

McGuckin Chiropractic
Confidential New Patient Case History

Please fill out the following form in as much detail as possible.

Please Print _____ Date: _____

First Name _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Age ___ Date of Birth _____ Home Phone _____ Cell _____

E-mail to contact and send newsletter _____
(we will send an e-mail with a "Click To Subscribe" function)

Sex M / F (circle one) Married S D W (circle one) Children _____

Name of Spouse _____ Your Occupation _____ Employer _____

Referred by _____ Yelp ___ Google ___ Website ___

Is any other member of your family being treated in this office? _____

Have you ever been to a chiropractor before? (Y / N) Were you happy with the results? (Y / N).

Please list your major complaint(s) and symptoms. Please be as specific as you can.

Please list any surgeries you have had. _____

Please list any medications you are taking. _____

Please read the second page. All payments are due when services are rendered.

FINANCIAL POLICY AND INSURANCE ARRANGEMENT

Because of the individualized and comprehensive care offered by McGuckin Chiropractic, we need your cooperation with certain matters to make sure every patient has his or her needs met.

McGuckin Chiropractic and Brian McGuckin, D.C. are not affiliated with any network nor any preferred provider organization. All billings are considered OUT OF NETWORK and may carry a separate deductible based on your policy provisions.

Payment for services is due at the time of service. We accept cash, checks, Master Card, Discover, Visa, and American Express. We can provide you with a receipt of services that can be sent to your insurance company for reimbursement. For your convenience we can file the insurance claim for you. When we send in the claim, there is a tendency for the insurance companies to send the reimbursement to the office. When this happens we will forward the reimbursement to you.

Insurance coverage and your care. We will gladly discuss your proposed diagnostic testing and treatment and answer any questions relating to your insurance reimbursement. Please be aware that we do not guarantee what coverage your health insurance policy provides.

Medicare reimbursement is limited to spinal adjustments only. Medicare requires that the office submits all claims. We are happy to do this for you. Medicare limits reimbursement for services performed by a chiropractor to spinal adjustments only.

Thank you,

Brian McGuckin, D.C., DABCI
McGuckin Chiropractic, P.C.
412 Marquette Street
Valparaiso, IN. 46383

NOTICE OF PRIVACY PRACTICES
McGuckin Chiropractic, P.C.
412 Marquette Street Valparaiso IN 46383

This Notice describes how medical and protected health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

By law, we are required to provide you with our Notice of Privacy Practices. This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to a report of disclosures of your information.
6. The right to a paper copy of this notice.

We want to assure you that your medical and protected health information is secure with this office. This notice contains information about how we will insure that your information remains private.

We will use your information for treatment.

We will use your medical information for payment and may need to give your insurance plan information about your diagnosis, treatment, and supplies used.

We may use your medical information to evaluate your services.

We may contact you at any phone number or address or e-mail address you provide to us to remind you of an appointment or other health care matters or to obtain payment for our services.

We may disclose your medical information to family members who are involved in your care and or payment for that care.

You must notify the office of Dr. McGuckin in writing by certified mail if you do not want us to communicate with you in any of these ways.

Effective Date of this Notice: 01/24/2017 Contact: Brian McGuckin, D.C., DABCI Phone 219-531-1234

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy right that I may contact the person listed above. I further understand that the practice will offer me updated to the NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way:

Print Patient Name

Date

Signature

Relationship to minor

Name and relationship of Authority to act on patient's behalf.