



APOLLO CHIROPRACTIC HEALTH AND WELLNESS, LLC

6911 Taylor Ranch Road NW, STE C8, Albuquerque, NM 87120
Phone: (505) 792-3311; email: apollo-chiro@comcast.net

PATIENT REGISTRATION MVA / WC / PI CLAIM

Today's Date _____ Referral Source: _____

Name _____
Last First MI

Address _____
(Complete Mailing) Street Apt# City State Zip

Date of Birth _____ Age _____

Primary Phone* (_____) _____ - _____ home cell work

Email Address: _____

Employer _____ Occupation _____ Phone (_____) _____ - _____

Emergency Contact _____ Relationship _____ Phone (_____) _____ - _____

ACKNOWLEDGEMENT AND UNDERSTANDING

PLEASE READ AND INITIAL EACH ITEM BELOW.

1. _____ I hereby authorize the Apollo Chiropractic Health and Wellness, LLC, to provide Chiropractic and / or Massage services for me and / or my minor aged child.
2. _____ If this account is assigned to an attorney for collection and / or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collections.
3. _____ I authorize release of patient's records to third parties requiring these records for determination of financial liability and / or coordination of care.
4. _____ I certify that the information I have reported in regards to my insurance is correct and up to date.
5. _____ I have provided a copy of my Driver's License for patient's chart.
6. _____ I understand that I am financially responsible for all charges whether or not paid by insurance and / or attorney.
7. _____ I will follow the treatment plan prescribed by Apollo Chiropractic.



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Assignment of Benefits to a Provider

An assignment of benefits is an arrangement by which a patient requests that his or her health insurance payments be made to a designated person or facility, such as Apollo Chiropractic Health and Wellness LLC. If, by chance, the insurance company does not directly pay Apollo Chiropractic but the patient, the patient is responsible for payment of treatment within 5 business days of receiving the insurance check. If payment to Apollo Chiropractic is not made within 5 business days, Apollo Chiropractic will be paid a surcharge of 1% per calendar day payment is late based on amount owed for product and services.

NOTE: After patient is released from care, if the patient and / or responsible party is paid directly from insurance company and / or attorney, the patient and / or responsible party shall pay Apollo Chiropractic within 5-business days from settlement date the full invoiced amount.

NO SHOW AND OR CANCELLATION LESS THAN 24 HOURS

A fee of \$100.00 per scheduled provider

By signing this intake form I affirm under penalty that I have given true complete information.

Patient Signature

Date

Responsible Party Signature

Relationship to Patient