7th Street Chiropractic & Acupuncture Center P.C

Dr. Evan Antolik
3135-7th Street, Moline, IL 61265
(309)762-1431

Name ____ Date _________________

Address ______________________________City____________ State__________

Zip Code __________________ E-mail Address ____________________________

Employer ______________________________ Business Phone ____________

Address ____

Type of Work ____

Spouse's Name ____

Spouse's Employer _________________________ Business Phone ____________

Insurance No. 1 ____________________ Insurance No.2 _____________________

Address _________________________ Address _________________________

________________________________ __________________________

Telephone _______________________ Telephone ________________________

Group Name _____________________ Group Name ______________________

Policy Number ___________________ Policy Number ____________________

Name of Insured __________________ Name of Insured ___________________

Insured Soc.Sec.No. ________________ Insured Soc.Sec.No. _________________

Insured Date of Birth ________________ Insured Date of Birth _________________

Medical Doctor ___________________________ Date of last visit ________________

Person to notify in case of emergency ____

Phone _______________________________ Relation to you _____________________

I hereby give permission to the doctor to release any information requested by my insurance company acquired in the course of my examination and treatment and to collect any information deemed necessary in the course of my examination and treatment.

I hereby authorize and direct my insurance benefits to be paid directly to the doctor. I am financially responsible for non-covered services. Collection of unpaid balance past 30 days will necessitate a 2.5% per month late fee.

I hereby give permission to the doctor to administer treatment and perform such general procedures as deemed necessary in the diagnosis and or treatment of my condition.

Signature _____________________________________ Date _____________________

I was referred by ____