

Sitzmann Chiropractic Patient Update Information Form

Please take a moment to complete our Annual Patient Update Form.

Please present your 2011 insurance card so we may make a copy.

Date: _____

Name: _____ DOB: _____

Current Address: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ Work: () _____

Email: _____

Would you like to be added to our email options? If yes, check all that apply

Appointment Reminders *Newsletters* *Classes & Events* *Office Updates & Announcements*

I will not be filing insurance and should be treated as a cash patient: _____ *Signature*

INSURANCE INFORMATION → Please hand your 2011 insurance card to the receptionist so we may make a copy of your current card for our records. You will be notified of any changes in your insurance that deal with chiropractic. Please note: We file insurance as a courtesy to our patients. Sometimes policies change, deductibles and/or co-pays increase (sometimes decrease). It is our intention to provide you with the most accurate and up to date information that your insurance carrier provides for us. In addition, we encourage you to contact your insurance company as well to obtain your current chiropractic benefits.

Insurance Company: _____ Name of Policy Holder: _____

Insured's Social Security Number: _____ Insured's DOB: _____

Relationship to Insured: _____ Member ID: _____ Group Number: _____

*****For Office Use Only*****

Insurance Code: _____

Date Insurance Called: _____ Time: _____ Telephone Number: _____

Is there a deductible? Yes No IF YES: Individual \$ _____ Family \$ _____
Has the deductible been met? Yes No

What % does their major medical insurance pay? _____%

Is there a maximum number of visits allowed per year? Yes _____ (Number) No

Is there a maximum payment amount per office visit? Yes \$ _____ No

Is there a co-pay? Yes No Is there a co-insurance? Yes _____% No
If so, how much? \$ _____ If co-insurance becomes active after deductible is met, check here

Is the insurance company faxing over a list of benefits? Yes No If yes, received? Date: _____

Check once complete:

Patient chart Updated Patient insurance information updated in Medisoft
Initial _____ Initial _____