PATIENT REGISTRATION (FOR OFFICE USE) TRINITY LUND

Last Name_____ **First Name**_____ **MI**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Home # _____ **Cell #** _____ **Work #**_____

SSN _____-_____-_____ **DOB** _____-_____-_____ **Age**_____ **Sex** _____

Email_____ **Employer**_____

INSURED PARTY/POLICY HOLDER (IF SAME, PLEASE WRITE "SAME")

Last Name_____ **First Name**_____ **MI**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Home # _____ **Cell #** _____ **Work #**_____

SSN _____-_____-_____ **DOB** _____-_____-_____ **Age**_____ **Sex** _____

Email_____ **Employer**_____

INSURANCE INFORMATION

Primary Insurance_____ **Policy #**_____ **Group #**_____

Phone #_____ **Address**_____

Secondary Insurance_____ **Policy #**_____ **Group #**_____

Phone # _____ **Address** _____

BENEFIT VERIFICATION (OFFICE USE ONLY) 2012

Date Verified_____ **Effective Date**_____ **Ins. Contact**_____ **Ref #**_____

Co-ins/Co-pay: In Network $_____ **Out of Network $**_____

Deductible: In Network _____**Met $**_____ **Out of Network** _____**Met $**_____

Out of pocket limit/max $_____/_____ **Met $**_____/_____

Limit: Visits_____ **Amount Max $**_____ **# used in 2012** _____ **Chiropractic Y N**

Chiropractic combined w/ PT? Y N Precert? Y N Auth #_____ **Work Comp? Y N**

Attachments/Exclusions:_____

Additional Notes: _____

Physical Therapy Combined With:_____

MD Scripts required: _____ **Ionto covered? (97033)** _____

MD Referral/PCP:_____ **Surgery Date** _____

Emergency Contact: Name_____ **Phone**_____ **Relationship** _____

Who may we thank for referring you to our office? _____

Patient Authorization: I understand that I am responsible for all charges incurred by myself or my family regardless of insurance coverage and that payment is due at the time services are rendered. If my account required servicing by a collection agency or by an attorney, I understand that I will be liable for the collection fees, attorney's fees and applicable other costs.

PATIENT SIGNATURE_____ **DATE**_____