435.257.2131
435.257.2132fax

Rigby Chiropractic Inc
MICAH L. RIGBY, DC

25 North 570 East
Tremonton, Ut 84337

PATIENT INFORMATION DATE___________

Name ___________________________ Phone # ________________

Address _________________________________ Mobile Phone Carrier ___________

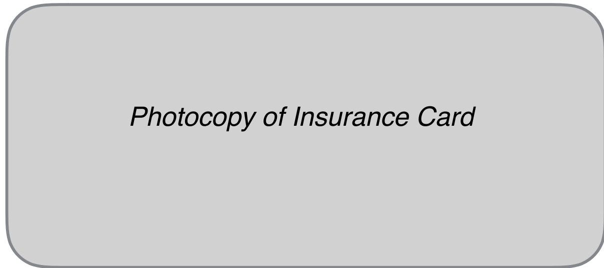
May we communicate with you via text message? Yes _____ No _____ Gender M F

Birthdate ____________ Email __________________ Employer _________________

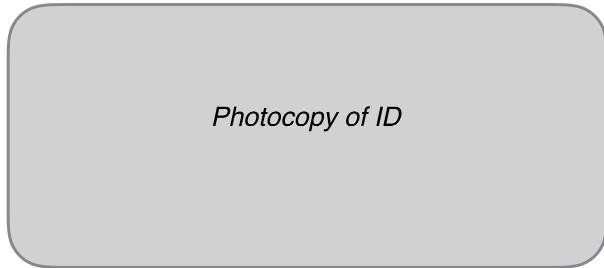
Spouse's Name _________________ Birthdate _________ Employer _____________

INSURANCE

Insurance Company ______________________ Policy ID# _____________________



Photocopy of Insurance Card



Photocopy of ID

ASSIGNMENT AND RELEASE

I hereby Authorize and direct payment of any chiropractic expense benefits allowable to the doctor as payment toward the total charges for professional services rendered. This payment will not exceed my indebtedness to the assignee. I agree to pay for services rendered to the above-mentioned patient as the charge is incurred. I understand that health and accident insurance policies are arrangements between an insurance carrier and myself and that I am personally responsible for payment of any and all services, covered or non-covered. Insurance copays are due at the time of service. I understand that if I do not pay at the time of service (and must be billed for charges) the first statement is free but subsequent statements for the same charges will cost $2.00 additionally. If this account is turned over to a collections agency due to non-payment, the balance due will be increased by 50% to cover the agency's fee. A $20.00 fee applies to missed appointments without prior notice.

Responsible Party Signature ____________________ Relationship to Patient: Self / Legal Guardian