



Welcome

Thank you for choosing NH Chiros (Dr Ken George & Assoc's, PA)

Please complete this form (ask for assistance if you have any questions or concerns)

First Name _____ Last Name _____ D.O.B. _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Other Phone _____ cell __ work __

Marital Status _____ Email Address _____

Your Health Insurance Co. _____ C check here if none ____

Your preferred language: __ English __ Spanish __ Other _____ Smoking Status: _____

List Any Medical Allergies: _____

List Current Medications **and Dosages** _____

Payment options: We accept cash, credit cards (and personal checks if you live and work locally)

We will need to make a copy of the responsible party's valid Driver's License and Insurance cards

Policies:

You understand and agree that any Insurance Benefits for services will be assigned and paid directly to Dr Ken George & Assoc's, PA (NH Chiros), and that you are financially responsible for all charges that are not paid in full by insurance submissions.

You understand and agree that if you need to change an appointment time that you have scheduled with us then you agree to provide us with **at least 24 hours advance notice** so that we will have enough time to reschedule another patient ... **otherwise, you agree to pay a \$35.00 missed appointment fee**

Note: Appointments that you schedule for a Monday morning must be cancelled no later than Friday by 6 pm in order to allow us enough time to schedule another patient in your cancelled Mon time slot).

Thank you for your signature acknowledging your agreement with our policies ...

Dr Ken George & Associate, Professional Association (doing business as NH Chiros)

Signature of Patient or Guardian

Today's Date

Please PRINT YOUR NAME above