Rosenblum Chiropractic, LLP
Dr. Seth Rosenblum

Name_____________________________________ Age___ Date of Birth ___________

Mailing Address ____

City ____ State ___ Zip ___________

Home Phone_________________________ Cell Phone __________________________

Work Phone _________________________ Email ______________________________

Marital Status: S M D W (circle one)+

Occupation __________________________ Employer ___________________________

Whom may we thank for referring you? ______________________________________

Please present your insurance card at the desk to be copied.

Name of your insurance company ____

Whose name is the Insurance under? ____

Patient's relationship to the insured: Self____ Spouse ____ Child_____ Other______

Date of birth of insured _____________ Insured's Employer ______________________

INFORMED CONSENT AND AUTHORIZATION

I understand and agree that health and accident insurance policies are an arrangement between an insurer and myself. Furthermore, I understand that this office will prepare any necessary forms and reports to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.

I authorize the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I hereby authorize the Doctor to examine and treat my condition as deemed appropriate through the use of Chiropractic Health Care and I give authority for these procedures to be performed. In case of a minor child, I give authority for these procedures as the child's guardian.

Patient's (parent if minor) Signature ___________________________ Date ________