

CONFIDENTIAL METTA MEMBER INFORMATION

Use the TAB key to bring the cursor to the Name field. After typing your name, use the TAB to navigate from field to field. To check or uncheck a box, put your cursor into the center of the box. It will change into a hand icon. Clicking will enter or remove the check mark. Once you have completed the form (other than signing it), please print the form and bring it with you to your first visit with Dr. Marmorstein.

For Office Use Only:
DX: _____ WL: Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____ Home Phone _____

Address _____ Apt. # _____ City _____

State _____ Zip Code _____ Occupation _____ Email Address _____

Work Phone _____ Fax Number _____

Date of Birth ____/____/____ Age _____ Sex _____ No. of Children _____

How were you referred to this office? Friend/Family _____ Website/ Lecture _____

Have you ever been to a chiropractor before? Yes No If so, when? _____

List your chief complaints in order of severity:

1. _____ How long? _____
2. _____ How long? _____
3. _____ How long? _____
4. _____ How long? _____
5. _____ How long? _____

Method of payment for today's charges: Cash Check Credit Card Pre-Paid Savings Package

I understand and agree that health and accident insurance policies are an arrangement between an Insurance Carrier and myself. This office does not accept Medicare, Workers' Compensation, or other forms of insurance assignment (payment directly from insurance companies, attorneys, or other third parties.) We will gladly furnish you with a receipt that you can submit to your carrier attached to your insurance forms. Payment in full of all charges is expected at the time of each office visit. Post-dated checks are not accepted. There will be a \$25.00 charge for any returned checks. **The full fee for an office visit will apply to any missed appointments, or appointments cancelled less than 24 hours in advance.**

Signature _____ Date _____

Guardian Or Spouse's _____ Date _____
Signature Authorizing Care