



Welcome to

BACK EXPERTS™

Chiropractic Clinic & Back Comfort Products

We are honored that you have chosen us for your healthcare needs and do not take this privilege lightly. We will strive to provide the highest level of care to you and your family.

First Name	Middle Initial	Last Name	Date of Birth	
Mailing Address		City	State	Zip
Home Phone	Work Phone	Mobile Phone	Email	
Social Security No.	Occupation	Employer	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced Number of Children: _____	

Who can we thank for referring you to our office? If you were not referred, how did you hear about us?

Primary Care Physician Name and Office Location When was your last examination by a doctor?

Is This Your First Visit to a Chiropractic Physician? Yes No

Is This Visit Related to a Work or Auto Injury? Yes No

Would you like for us to check your insurance participation for your care? Yes No

Do You Consider Yourself a Regular Exerciser? Yes No

Your insurance policy is an arrangement between you and the insurance carrier. Back Experts will submit claims directly to your insurance company on your behalf. We will be happy to explain how we expect your insurance to pay and what portion we expect to be your responsibility however, we cannot guarantee benefits or payments by your insurance.

I authorize all payments to be made directly to Back Experts, LLC and credited to my account. I understand that my insurance may not cover some of the services rendered and agree that all services rendered are charged directly to me and that I am personally responsible for payment. I agree to pay all balances as well any collection and/or attorney expenses incurred in collecting any debts.

Patient's Signature

Today's Date

Guardian Signature (if minor)

Today's Date

We Look Forward to Serving You...