

2024 Application For Chiropractic Care Advanced Chiropractic Center – Dr. Troy Jordan

Name: _____ Home/Cell Phone: _____
 Address: _____ Work Phone: _____
 City, State, Zip: _____ Occupation: _____
 Date of Birth: _____ Sex: M F
 Marital Status: Single _____ Married _____ Widowed _____ Divorced _____
 How did you hear about our office? _____
 Past Chiropractic Care Received: (when and where) _____

Have you been seen for any health condition by a doctor other than a chiropractor in the last year?
 Yes _____ No _____ If yes, explain _____

Do you have a family physician? Yes _____ No _____
 What brought you to our office? Wellness Care _____ A condition _____
 Please explain _____

Dates you first noticed _____

Are the above complaints the result of an accident or injury? Yes _____ No _____
 If you do not have a specific problem but are here for health maintenance, check here _____
 List ALL surgeries, falls, accidents, and injuries you have had and give the date:

Drugs you are currently taking: (include prescription and non-prescription drugs, such as birth control, aspirin, heart medication, laxatives, cold tablets, etc.)

Type:	Purpose:

Please check the type of care you desire so that we may be guided by your wishes when possible:

- _____ I prefer the doctor to select the type of care he feels is best for me.
 _____ Maximum improvement and prevention in the future.
 _____ Temporary relief for this specific problem.

Who is responsible for your bill?
 You _____ Spouse _____ Parent _____ Guardian _____ Family Member _____
 Personal Insurance (Name of company) _____

Please read and initial:
 _____ I understand that payment is due in full each visit. I understand that if I have insurance, it may or may not cover chiropractic services. Fees are listed on the next page.

Chiropractic Summary

Chiropractic care in our office is the art and science of detecting misaligned bones in the spine and reducing the pressure on the nerves they are pinching via spinal adjustments. This allows the body to function more appropriately and results in a healthier person. We do not and cannot detect any other conditions, illnesses, or diseases. Furthermore, we do not need to take x-rays to determine if spinal bones are misaligned. Thus, we cannot detect the presence of fractures. If you have had a major accident or injury severe enough that you suspect the possibility of a fracture or other medical conditions, we always suggest you first consult a medical doctor or visit the hospital to rule out such conditions. By signing below, you understand this summary and have either not had a severe injury/accident or had had a severe injury/accident but have already consulted a medical doctor and after their diagnoses have now decided you wish to have us determine if you have any spinal misalignments which are pinching upon spinal nerves.

Signed: _____

Date: _____

Parent/Guardian's Signature

Date: _____

Insurance Questionnaire

1. Is your chief complaint related to current or previous employment? Yes ____ No ____

2. Is your chief complaint related to an auto accident? Yes ____ No ____

Patient's or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process my insurance claim. This is to serve as a long-term authorization card.

Signed: _____

Date: _____

Insured's or Authorized Person's Signature: I authorize payment of medical benefits to Jordan Chiropractic, P.C. DBA Advanced Chiropractic Center for the services described on the insurance form. This authorization is to apply to all occasions of service until it is revoked in writing.

Signed: _____

Date: _____

Advanced Chiropractic Center Fees

<u>1st Visit</u>	<u>Subsequent Visits</u>
Exam & Consultation: \$40	Adult Adjustment: \$55
Adult Adjustment: \$55	Medicare Adjustment: \$41
Medicare Adjustment: \$41	Child Adjustment (< 12 yrs old): \$30
Child Adjustment (< 12 yrs old): \$30	Teen Adjustment (13-19 yrs old): \$45
Teen Adjustment (13-19 yrs old): \$45	