

Taylor Chiropractic, P.C.

Dr. Nike Anne Taylor

388 Blooming Grove Tpke. Ste. 200
New Windsor, NY 12553
(845) 565-BACK (2225)

Patient Registration Form

Please Print All Sections

Name - Last: _____ First: _____ MI: _____

Address: _____

City, State, Zip: _____

Birth date: _____ Age: _____ Sex: F / M Marital Status: Single Married Widowed Divorced

E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please Circle The Number You Prefer To Be Contacted At)

Spouses Name: _____ Spouses Occupation: _____

Patient Occupation: _____

Employer/School: _____

Business Address: _____

Emergency Contact: _____ Relationship to Patient: _____ Phone #: _____

Who is responsible for this account?: _____

Do you have medical insurance? YES / NO

Insurance Co. /Plan Name: _____

Subscribers Name: _____ Birth Date: _____ SS#: _____

Have you ever been treated by a chiropractor? Yes / No

If yes, name of chiropractor: _____

How did you learn of our practice?: _____

Whom may we thank for referring you?: _____

ASSIGNMENT OF BENEFITS: I authorize the release of any medical records or other information necessary to process my claims. I also request payment of medical benefits to be paid to Taylor Chiropractic, P.C. for services described on HCFA claim forms.

Signature _____ Date _____