VERNONIA
CHIROPRACTIC CLINIC, INC.

Joseph Dombek, DC
610 Bridge Street • Vernonia, OR 97064
1950 Nickerson Street • Vernonia, OR 97064
VernoniaChiropractic.com (971) 248-4055

PATIENT INFORMATION

Date _____

Last Name_____ First_____ Middle_____

Birth Date ___/___/_____ ❑ Male ❑ Female ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Address _____ Apt # _____

City _____ State _____ Zip _____–_____

Home Phone (_____) _____–_____ Cell Phone (_____) _____–_____ Work Phone (_____) _____–_____

Email _____ How did you hear about us?_____

EMERGENCY CONTACT

Last _____ First _____

Phone (_____) _____–_____ Relationship: ❑ Spouse ❑ Relative ❑ Other_____

EMPLOYMENT INFORMATION

Business Name _____ Phone (_____) _____–_____

Occupation/Job Title _____

INSURANCE INFORMATION

❑ Personal Insurance ❑ Auto Insurance ❑ Worker's Compensation ❑ Cash/Self Pay

Insurance Company_____ Phone (_____) _____–_____

ID #_____ Group #_____

Primary Insured's Name _____ Date of Birth ___/_____/_____

WORK INJURY/AUTO/PERSONAL INJURY

Insurance Carrier _____ Phone (_____) _____–_____ Ext._____

Claim # _____ Adjuster's Name _____

If work related injury, have you filed an injury report with your employer? ❑ Yes ❑ No

Billing

As a courtesy to our patients we will bill your primary care insurance provider. Copays and deductibles are due at the time of service, as well as any non-covered products or procedures. If for any reason claims are denied, it is the patient's responsibility to ensure prompt payment in full.

No-Show/Cancellation Policy

We require a 24-hour cancellation notice so that we may your give your appointment to someone else in need. If you are unable to give us proper notification, we ask that you make a $25 donation to the *Carrick Institute*, a nonprofit organization dedicated to making sick children well using natural, drug-free chiropractic care. Your donation can be made through our office.

Patient's Name (print)_____

Patient's Signature_____ Date_____

Guardian's Name (print)_____ Relationship_____

Guardian's Signature_____ Date_____