

Marconi Chiropractic and Wellness

1002 Martin Luther King Jr Way

Tacoma, WA 98405

253-750-3381

WELCOME

The doctors and staff of Marconi Chiropractic and Wellness welcome you and want to provide you with the best possible care. We will conduct a thorough history and physical examination to decide if we can assist you. If we do not believe that your condition will respond to therapies we offer, we will not accept you as a patient but will refer you to another health care provider as appropriate.

INSURANCE

This office will process your insurance forms upon request. We will do our utmost to provide sufficient information to your carrier to obtain payment for your treatment. We have found that in some instances, however, insurance companies will deny or reduce payment despite our best efforts to demonstrate the necessity for care. In the event that full payment is not made for any reason, you must understand that you are responsible to make payment in full.

PATIENT IDENTIFICATION

Name

Preferred Pronoun: She/Her Him/He They/Them

(Work) _____

Street

(Cell) _____

City, State and Zip

Occupation

Social Security #

Date of Birth

Religious Views (Optional)

Emergency Contact: _____

Telephone # _____

Name of Parent of Minor Patient (If applicable) _____

EMAIL ADDRESS _____

DID SOMEONE REFER YOU? _____

ACCEPTANCE AS PATIENT

I understand and agree that the doctors of **Marconi Chiropractic and Wellness** have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctor can determine whether to accept me as a patient.

Signature

Date