



# Forest Park Chiropractic & Acupuncture

Dr. Reed Moeller, Chiropractic Physician

## Personal information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ SSN: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency phone #: \_\_\_\_\_

## Insurance information:

Primary insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Insured Name: \_\_\_\_\_  
ID#: \_\_\_\_\_ Group #: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Insured name: \_\_\_\_\_  
ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

\_\_\_\_\_ I hereby authorize assignment of my insurance right and benefits directly to the provider for services.

## **Cancellation/No show policy:**

\_\_\_\_\_ Out of courtesy for our staff and patients, we will be implementing a cancellation/no show fee. If you are unable to make an appointment we will require that you call or text to cancel within 12 hours of the scheduled appointment. A no show is considered failing to cancel appointment 12 hours prior.

**Acupuncture Cancellation fee: \$40.00 Kim cancellation fee: \$20.00 No show fee: \$20.00**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_