

Welcome to the Office of Dr. Kate Klemer, DC

New Patient Registration

Please print clearly to help avoid billing errors

Patient Last Name _____ First _____ MI _____

Mailing Address _____ Apt or Unit # _____

City _____ State _____ Zip _____

Home Telephone _____ Cell # _____ Work # _____
***Circle Best number to call , or do you prefer text ?

Email _____ Date of Birth _____ Age _____

Social Security # _____ Emergency Contact Person _____ Phone _____

Marital Status: Single / Married / Divorced / Other Sex: Male / Female/other Referred By: _____

Employment Status: Employed Full Time Employed Part Time Full Time Student Unemployed Retired

Have you had Chiropractic treatment in the past? Yes / No Is this health condition auto or work related? Yes / No

Assignment and Release: I hereby authorize and direct my insurance benefits to be paid directly to Kate Klemer, DC. and I understand I am financially responsible for any and all non-covered services.

Signature: _____ Date: _____

*****Below for Office Only*****

DIAGS: (1) _____ (2) _____ (3) _____ (4) _____

INITIAL VISIT PROCEDURES

Date of Service: _____ Amt Paid This Visit: \$ _____ Pt. Class: Ins Cash Auto WC

New Exam Level: 1 2 3 4 5 9894 _____ 97110 X _____ 97140 X _____

Manip. Thera. Ex. Manual Therapy

Check Box to Block Pt. Statements

Charge Co-Pay Only

Dr. Kate Klemer Payment Policy/Practice Info

Insurance patient's: *initial here that you read this:* _____

- I accept United (that does not use OPTUM), GIC, BCBS, Auto Accident Insurance and Medicare. Each policy will be checked as they are all different. You will be responsible for your co-pay, co- insurance, and deductible at each visit. Verifying coverage does not guarantee that you are covered by insurance. We do our best to find out what your coverage is, and sometimes they give us inaccurate information.
Craniosacral Therapy and Nutritional Care are not covered by insurance
- You will be charged for treatment codes that are not covered: EX Medicare is a 40\$ fee as it only covers manipulation... all appointments involve extra codes beyond manipulation codes.
- You will be charged for unpaid insurance visits through the card on file if you have not done your part in getting us the proper insurance information, or if your insurance requires a referral from an MD prior to your appt., and you did not provide that
- In cases where you have paid up front and want us to *retroactively* bill, we will not do that. We will give you a bill, and you can submit the charges yourself.

Non-Insurance patients:

- Must pay for their visit at the time of service

LATE CANCELLATION / NO SHOW: *please initial that you read this* _____

- You will be charged for the time allotted if you do not give 24 hours notice of cancellation, or request to shorten your appointment time on the same day.
- We require a credit card number to secure your first appt, and it will be charged in cases of late cancels or no shows. We cannot charge your insurance for visits you do not show up for.
- You will be charged for unpaid insurance visits through this card if you have not done your part in getting us the proper insurance information, or if your insurance requires a referral from an MD prior to your appt., and you did not provide that
- All auto accident, insurance, self pay and workers compensation patients are required to abide by this 24-hour policy, insurance will not pay for missed appointments.
- If you are more than 15 minutes late for your appointment you will be charged for the entire appointment and insurance will not be charged... 80\$ = 30 minutes, 120\$ = 60 minutes

We will not share your medical information without your permission, and if so only to auto insurance companies.

Please sign that you agree and have read these policies.

Date: _____