Penn Chiropractic Centre

1905 Horton Road
Jackson MI 49203
(517) 784-7443
www.docpenn.com

Insurance Information

Patient Last Name _____ First Name _____ Middle _____

Insurance Type (Check all those that apply)

Self Insurance (Consumer Directed)

- ☐ Personal Health Insurance (not sponsored by employer)
- ☐ Health Savings Account (HSA)
- ☐ Other _____

Employee Sponsored (Private Sectors)

- ☐ Group Health Insurance
- ☐ Self Funded Benefit Plan
- ☐ Private Schools
- ☐ Health Reimbursement Arrangement (HRA)

Governments (Public Sectors)

- ☐ Medicare Part B
- ☐ Medicare Part C
- ☐ Medicaid
- ☐ Municipal (city, state, etc.)
- ☐ Other

Other Types

- ☐ Auto Injury
- ☐ Workers' Compensation
- ☐ Church
- ☐ Other _____

Insurance We need a copy of your cards for our records.

Insurance Company _____ Phone # ( ) _____
Insured's Name _____ ID/Policy # _____

Insurance Company _____ Phone # ( ) _____
Insured's Name _____ ID/Policy # _____

Insurance Company _____ Phone # ( ) _____
Insured's Name _____ ID/Policy # _____

Responsible Party complete this section if you are not the patience but are responsible for the bill.

Responsible Party _____
Relationship to Patient _____ SS# _____
Home Address _____ Apt# _____
City _____ City _____
Home Phone # _____ Work Phone # _____
Employer Name _____ Occupation _____

My Financial Responsibility

I certify that the above information is correct. I understand that I am personally financially responsible for all services not paid for by my insurance. I am also responsible for any annual deductibles applicable, co payments, or non-covered services as may be required by my insurance plan.

_____ _____
Signature of patient or person acting on patient's behalf Date

My Authorization

I authorize the release of any medical or other information necessary to process my claims. I also request payment of government or private benefits either to myself or to the party who accepts assignment. This is a permanent authorization that I may revoke at any time by written notice.

_____ _____
Signature of patient or person acting on patient's behalf Date