



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 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 *Oklahaven Children's Chiropractic Center*, 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 _____