

ANTHON CHIROPRACTIC CARE
DR. GEORGE ANTHON, JR.
105 SOUTH CHERRY STREET
HAMMOND, LOUISIANA 70403
985-542-1640

HOW WERE YOU REFERRED TO OUR CLINIC? YELLOW PAGES _____ MAIL _____
NEWSPAPER _____ FRIEND _____ ATTORNEY _____

NAME: _____ MI _____ LAST _____

SS# _____ E-MAIL _____

ADDRESS _____ CITY _____ ST / ZIP _____

PHONE () _____ BIRTHDATE _____ AGE _____

SEX M F MARITAL STATUS M S D W OCCUPATION _____

EMPLOYED BY _____ WK PHONE _____

SPOUSE NAME _____ SOC SEC # _____

EMPLOYED BY _____ WK PHONE _____

PERSON RESPONSIBLE FOR PAYMENT _____

ADDRESS _____

ARE YOU COVERED BY PRIVATE MEDICAL INSURANCE? YES _____ NO _____

MEDICARE? YES _____ NO _____ MEDICAID? YES _____ NO _____

FIRST INSURANCE NAME _____

ADDRESS _____ CITY _____ ST / ZIP _____

PHONE _____ POLICY # _____ GROUP # _____

INSURED'S NAME _____

SECOND INSURANCE NAME _____

ADDRESS _____ CITY _____ ST / ZIP _____

PHONE _____ POLICY # _____ GROUP # _____

INSURED'S NAME _____

IN CASE OF EMERGENCY - PLEASE NOTIFY _____

RELATIONSHIP _____ PHONE # _____

AT THIS TIME, I AM NOT KNOWINGLY PREGNANT, DATE _____

I AUTHORIZE DR. GEORGE ANTHON, JR. TO PERFORM THE NECESSARY TREATMENTS TO TREAT MY CONDITION, RELEASE MEDICAL INFORMATION NECESSARY TO PROCESS INSURANCE CLAIMS OR ATTORNEY'S, AND I WILL BE DIRECTLY RESPONSIBLE FOR ANY PAYMENT OF MY ACCOUNT NOT COVERED BY MY INSURANCE.

DATE _____ SIGNED _____