

Insurance Information

****Please provide copy of card with application**

Primary Insurance: _____

Phone: _____

Contract/ID#: _____

Group/Acct#: _____

Subscriber: _____

Subscriber Date of Birth: _____/_____/_____

Customer's relationship to Subscriber: ___ Self ___ Spouse ___ Child ___ Other

Secondary Insurance: _____

Phone: _____

Contract/ID#: _____

Group/Acct#: _____

Subscriber: _____

Subscriber Date of Birth: _____/_____/_____

Customer's relationship to Subscriber: ___ Self ___ Spouse ___ Child ___ Other

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed \$50.00 for the first missed appointment. Any further missed appointments will be billed at the full cost of the appointment.

Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)