



WELCOME

Dr. Mark A. Grumet and Integrated Chiropractic of the North Shore, LLC welcome you and want to provide you with the best possible care. We will conduct a thorough history and physical examination to determine if we can assist you.

INSURANCE

This office will process your insurance forms upon request. We will do our utmost to provide sufficient information to your carrier to obtain payment for your treatment. We have found that, in some instances, however, insurance companies will deny or reduce payment despite our best efforts to demonstrate the necessity for care. In the event that full payment is not made for any reason, you must understand that you are responsible to make payment in full.

PATIENT IDENTIFICATION

Name _____	Telephone (Home) _____
(Last) (First)	(Work) _____
Street _____	Email address _____
City, State and Zip _____	Occupation _____
Social Security # _____	Date of Birth _____ Age _____
Male () Female ()	
Contact in case of emergency, Name: _____	
Telephone # _____	
Name of Parent of Minor Patient (If applicable) _____	
Referred By: _____	Name of Primary Care Doctor: _____
File No: _____	Location or phone number: _____
(For office use only)	

ACCEPTANCE AS PATIENT

I understand and agree that **Dr. Mark A. Grumet and Integrated Chiropractic of the North Shore, LLC** have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctor can determine whether to accept me as a patient.

Date

Signature

