

John L. Barnes, DC, PC
Barnes Chiropractic Health & Fitness
13890 Braddock Road, Suite 108
Centreville, VA 20121
Phone #703-803-8966

PATIENT INFORMATION

Patient Name: _____ (H) Phone: _____
Address: _____ (W) Phone: _____
City: _____ State: _____ Zip: _____ (C) Phone: _____
[] Male [] Female Marital Status _____
DOB _____ E-Mail _____
SS #: _____

Spouse/ Second Parent: _____ Relationship: _____
Address: _____ (H) Phone: _____
City: _____ State: _____ Zip: _____ (W) Phone: _____

Parent/ Guardian Name: _____ Relationship: _____
Address: _____ (H) Phone: _____
City: _____ State: _____ Zip: _____ (W) Phone: _____

Emergency Contact: _____ Phone: _____

EMPLOYMENT INFORMATION

Employer Name: _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip: _____

Spouse/ Parent: _____
Employer Name: _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip: _____

ASSIGNMENT AND GUARANTEE OF PAYMENT

I hereby authorize any insurance benefits to be paid directly to John L. Barnes, DC, PC for services rendered. I authorize the release of any information from John L. Barnes, DC, PC as required by my insurance company or other reimbursing agency for this or a related claim. I accept financial responsibility for all charges billed, and guarantee to pay all such charges. In the event that this account must be placed within attorney or collection agency for payment, I further agree to pay reasonable attorney's fee and all other collection costs.

Signature of Patient/Guarantor of Account Print Name Date

