

MILOSTAN CHIROPRACTIC AND YOUR INSURANCE COVERAGE

Milostan Chiropractic will do your insurance billing for you and find out as accurately as possible your chiropractic coverage.

Please remember that your insurance policy is an agreement between you, your employer and the insurance carrier. Not between Milostan Chiropractic and the insurance company.

Being the policy holder, you may be able to receive more accurate information as to your coverage than we can. At times we are not fully aware of your coverage until we receive payment.

Please note that you are responsible for deductibles, co-pays and non-covered services. Do not hesitate to ask us or call your insurance company if you have any questions regarding your coverage.

Please remember that verification of benefits from the insurance company does not guarantee payment for services.

Date: _____

Patient / Guardian Signature

MILOSTAN CHIROPRACTIC

2400 Union Lake Road Commerce Twp., MI 48382
(248) 360-4333

Patient Name: Last _____ First _____ MI _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Employer: _____

SS#: _____ Birthdate: _____ Age: _____ Occupation: _____

E-Mail Address: _____ (For internal use ONLY, will not be shared or sold)

Do you have health insurance? Y N Insureds DOB _____ Are you pregnant? Y N

How did you hear about us? _____
What is your Major Complaint? _____
Date symptoms first appeared: _____

Is this condition due to an:

Auto Accident Work Injury Other Accident Unknown Cause

If due to injury please describe: _____

Are your symptoms:

Improving Getting Worse Come and Go Same

Have you had these symptoms before?

Yes No How long ago? _____

What aggravates your condition?

Standing Walking Sitting Twisting Coughing Bending

Have you seen another doctor for this?

Yes No Name: _____ Date: _____

X-rays taken?

Yes No Diagnosis: _____

Have you done anything at home for this?

Yes No Describe: _____

Have you been to a Chiropractor before?

Yes No Name: _____ Date: _____

Condition: _____ Results: Good Fair Poor

Have you been in an auto accident?

Yes No Describe: _____

Are you taking any medications?

Yes No Describe: _____

Have you had any surgeries?

Yes No Describe: _____

Have you had any injuries?

Yes No Past Year Past 5 years Over 5 Years

Describe: _____

Doctors Signature

Circle all that apply

General symptoms:

Irritability Loss of Sleep Fatigue PMS Jaw Pain Depression

Head Region:

Headaches: 1	2	3	4	5	Per:	Day	Week	Month	Sharp	Dull
Light - Headed	Memory Loss	Fainting			Blurred Vision	Loss of Balance	Hearing Loss		Ring in Ears	

Neck Region:

Pain:	Soreness	Tightness	Grinding Sounds	Both Sides	Right	Left
Pain Level:	Mild	Moderate	Severe			

Shoulders:

Joint Pain:	Both	Right	Left
Tops of Shoulders:	Both	Right	Left
Loss of Movement:	Both	Right	Left
Tension/Tenderness:	Both	Right	Left

Arms:

Upper Arm:	Both	Right	Left
Elbow:	Both	Right	Left
Forearm:	Both	Right	Left
Pins & Needles:	Both	Right	Left
Numbness:	Both	Right	Left

Hands:

Wrist Pain:	Both	Right	Left
Hand Pain:	Both	Right	Left
Pins & Needles:	Both	Right	Left
Numbness:	Both	Right	Left

Mid - Back:

Location:	Pain around Ribs	Pain in Chest	Shoulder Blades	Shortness of breath
Pain Level:	Mild	Moderate	Severe	

Low Back:

Location:	Belt Line	Above	Below	Hips:	Both	Right / Left
Pain Level:	Mild	Moderate	Severe			

Leg Pain:

Location:	Thigh	Knee	Ankle	Heel
	Both	Right	Left	Front
				Back

Foot Pain:

Location:	Top	Bottom	Both	Right	Left
Pain Level:	Mild	Moderate	Severe		

Comments:

The Doctors at Milostan Chiropractic will do their best to help you with your problem. Please remember however, that your health is your responsibility. They will be using tools such as exams (Orthopedic, Neurologic and X-ray exams), to evaluate your problems and rule out anything that may be a indication to refer you elsewhere.

I authorize my insurance company to pay directly to Milostan Chiropractic.

Patient

Guardian