



Keifer Wellness Center

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Please complete this questionnaire. Your answers will help us determine if chiropractic care can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case.

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____ D.O.B: _____ - _____ - _____

AGE: _____ MARITAL STATUS: S M W D # OF CHILDREN: _____ SPOUSE NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

NAME OF NEAREST RELATIVE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOW WERE YOU REFERRED TO OUR OFFICE? _____

EMAIL: _____

HEALTH INFORMATION

HAVE YOU HAD PREVIOUS CHIROPRACTIC CARE? Y or N WHAT IS YOUR CHIEF CONCERN? _____

OTHER CONCERNS? _____

DO YOU DESIRE (CIRCLE ONE) PAIN RELIEF CORRECTIVE CARE MAINTENANCE CARE OTHER

How long have you had your current condition? _____ What activities aggravate it? _____

Is this condition progressively getting worse? Y or N Constant: Y or N Comes and Goes: Y or N

Is your condition interfering with your (circle any) Work Sleep Daily Routine

Other doctors who treated this condition: _____

List all surgical operations and dates: _____

List all drugs you take now: _____

AGE OF MATTRESS: _____ COMFORTABLE: Y or N DO YOU WEAR HEEL LIFTS? Y or N ARCH SUPPORTS: Y or N

Approximate date of last physical exam: _____ Examining doctor: _____

Please place one of the following letters after each symptom:

C-CURRENTLY

P-PAST PROBLEM

N-NEVER HAD

Dizziness _____ Backaches _____ Heart Trouble _____ Diabetes _____ Arthritis _____ Sinus Trouble _____ Neck-

Pain _____ Head-aches _____ Asthma _____ Neuritis _____ Digestive Disorders _____ Nervousness _____

Have you been in a Motor Vehicle Accident or Work Injury this year? Y or N

Last 5 years? Y or N Over 5 years? Y or N

PLEASE SEE REVERSE SIDE

OUR FINANCIAL POLICY

We are committed to providing you with the best care possible. We need your understanding and cooperation to achieve this goal.

CASH

WE DO NOT BILL. Payment is due at the time of service. This allows us to control costs, which translates to savings for everyone. We accept cash, check and all major credit cards. Balances over 30 days past due may be subject to an additional collection fee and interest charge. Please note: As there is no insurance processing done at the office we do offer some services at discounted prices when you pay at the time of service. If you wish to submit insurance forms to your insurance company, the same fee you were charged, which is the cash discounted price, will be billed to the insurance company and you may be reimbursed depending on your benefits. Refunds for discounted package plans will be calculated using full service prices for services rendered; discounts are for pre-payment. As for care package plans, you pay for services in advance, so when you submit your superbills for the complimentary services, those services will be a zero dollar service charge with a zero dollar payment amount. (You cannot be reimbursed for services that were complimentary).

MAJOR MEDICAL INSURANCE

If you have major medical insurance that covers out of network Chiropractic care, we will assist you in collection the maximum allowable benefits. Each visit you will be given an easy to submit quick claim form, which is all the information necessary to bill your insurance company directly. All that you are required to do is mail it in! If you receive any requests for additional information from you insurance company, please bring in the request and we will provide you with all the necessary information. Please note: Because there is no processing of insurance claims, we do offer some services at a discounted price when you pay at the time of service. If at a later time you wish to submit insurance forms to an insurance company, the same fee you were charged will be billed to the insurance company and you may be reimbursed depending on your benefits. As for care package plans, you pay for services in advance, so when you submit your superbills for the complimentary services, those services will be a zero dollar service charge with a zero dollar payment amount. (You cannot be reimbursed for services that were complimentary).

PERSONAL INJURIES, WORKERS COMP, AND MEDICARE

We are currently not excepting new work comp. cases, personal injury (car accident) cases, or new Medicare patients at this time. If this is ever needed we will refer you to a doctor who can take such cases. We can treat patients with Medicare if we are not pursuing reimbursement for care such as maintenance visits (meaning: coming in once a month for spinal care) or if you are coming in for other medical problems that are not spine related. This means no billing Medicare, payment will be your full responsibility, and a special Medicare form will need to be signed as well stating you understand your responsibilities and kept on file.

I have read this financial policy and understand that I am ultimately responsible for all fees incurred.

Please see fee schedule attached

PATIENT SIGNATURE

DATE