

#### 10320 W. McDowell Rd., Ste. A-1002 Avondale, AZ 85392 Ph. 602-566-7676

Date	Whom may we thank for ref	ferring you to	us?			
Patient Name	Date of	Birth	Age	Gender	M	F
Address		and the second s				***
City	State	Zip	<del>4 </del>			
Cell Phone	Home		Preferred	Phone Ho	me /	Cell
E-mail Address						
Would you like a remin	der via TEXT or EMAIL?	TEXT / EM	AIL (circl	e one)		
Emergency Contact	Relation	nship	Phone	±#		
Primary Insurance Con	npany	Insurance	ID #			
Group #	Insured's Name (If not s	elf)			non-cial distribution and an	
Secondary Insurance C	ompany	Insu	ance ID #			
	Insured's Name (If not				ter likelinger byster	

#### Assignment and Release

I, the undersigned, assign directly to Gateway Chiropractic all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Patient/ Responsible party agrees that in the event of non-payment, all costs of collections( not to exceed 50% of the outstanding balance) if necessary including attorney and court costs, plus interest, shall be the full responsibility of the patient.

# **Vehicle Accident Information**

Company for the second of the second and second to the second of the sec	The Committee of the Co		
		Date:	AND THE PERSON AND THE PARTY OF
	Time of Acc	ident:	AM/PM
our own words:	en den man de mendioren gem i meksternen synde, m. 1995 pr. 1 de man erken, føb an synonspanstidelijklicht kallidelijkli	Principal and Control of the Control	pro. The participation management year display on
	中心中心的人们的人们的人们的人们的人们的人们的人们的人们的人们们们们们的人们们们们们们们	The Philippin in the Landschaff of the Control of t	The action in principles of the first terminal access decision
ik direkt milit er i salah garanta menganya mendepatan sendi an inta inte anga dan integrangan garangan garang	MARIO BARTA BATTA AT SALATA TA BATTA BATTA A BATTA	Profile-Vertebus Millia Millia Generature vinte var salaren. Terapeta aurai aurai alasi alai alai alai alai ala	Antonio de la composició de la composici
	er Spirit eine der der verster verster verster verster der der der der der verster der der verster der der der		
cident vehicle?	PER A grain metric remedit from get steel), meteori en a comer meneration announcement adjunction and analysis	and the second of the second o	national continues and a
□Rear Passenger	□Front Passenger	□Pedestrian	
	our own words: cident vehicle?  Rear Passenger	our own words:	cident vehicle?

		Accident :	Site	
Road/Stree	et Name:	**************************************	and the second section of the second section of the second section of the second section secti	***************************************
City/State:	antina mitiga dilata i sericore e ritale di recci sula	n and the second	ala de la françaista de la commencia de la com	The state of the s
Nearest int	ersection	with road	l/street:	
Which dire	ction wer	e you hea	ded?	
What spee	d were yo	ou travelin	g?	nd chânidh Olen Marindiaingr
Driving cor	ditions:			and the second transport of the second
□Dry	Пісу	□Wet	□Other:	

Vehicle		
Make and model of vehicle you	ı were i	n:
Were you wearing a seatbelt?	□Yes	□No
If yes, what type?	□Lap	□Shoulder
Was the vehicle equipped with	airbag	s?
сын аргания — не не неменеристром февро понциней организации — на вод обест (рас «фосторій на било февро до пода обесторій на пода обесторії на пода обесторії на пода обесторії на пода обесторії на пода обесторій на пода обесторії на пода	□Yes	□No
If yes, did it/they inflate prope	rly?	and the state of t
un 1992 - Luty var ugbrüm delem vermen erkenter-missenderge (v. ja) (füllet mit für erkentegingsgegingsgegin eine erkent viljes anventegin	□Yes	□No
Did your seat have a headrest?	hazen-arma irelihi dan mis e	etterale in an enderline in a ser in the territory of the series and the series a
	□Yes	пNо
If yes, what was the position of	f the he	ad rest?
ELC	w ul	/lid □High

	Other Vehicle (if applicable)
Make and	model of other vehicle:
Which dire	ection was the other vehicle headed?
Speed oth	er vehicle was traveling?

Impact		
Did your car impact another vehicle?	□Yes	□No
Did your car impact a structure?	□Yes	□No
If yes, explain:	and the state of t	mar - ni +67 elif-kommüçüryen rediçiyliştiina
Did any part of your body strike anything in the vehicle?	□Yes	пΝο
If yes, explain:	ery to committee of the	and a restricted statement of states.
Was impact from:	□Front	пRear
	□Left	□Right
	□Other:	and published in the College C
At the time of the impact were you	U:	CHANGE STORY CONTROL OF STORY
□Looking straight ahead	□Looking	g right
□Looking left	□Looking down	
□Looking up	CM read direct, in a paper on the entropy of a state on a con-	dig the complete participant or a single
Were both hands on the steering wheel?	□Yes	□No
If not, which hand was on the wheel?	□Right	uLeft
Was your foot on the brake?	□Yes	□No
If so, which foot was on the pedal?	⊓Right	ΩLeft
Were you:		
□Surprised by impact □Br	aced for in	nnact

Police		
Did the police come to the accident site?	□Yes	□No
Were there any witnesses?	□Yes	□No
Was a police report filed?	□Yes	□No
Was a traffic violation issued?	□Yes	□No
If yes, to whom?	ega (dispetito sepon <del>te d</del> eplendo <del>n a</del> mentinos	ganki-tuterani umangu

#### Vehicle Accident Information

and the control of th	<b>a</b> C	Patier	t Condition	······································	The shoot had been shorted by the first state of the common that the company was a common state of the common that the common	The second training which is a second to a
Were you unconscious imme	diately after	The second second second second		No If ves, for	r how long?	and the second s
Please describe how you felt		THE RESERVE AND ADDRESS OF THE PARTY OF THE	The specimens with the second second	11 403,101	TIOW IOIR:	
Elit (-nunderstandigen) om envelder september sein ersteller - production in mentale september - in anderstandigen in the september - in a s		arta-razantititik/statiourra-ratioater-sciopro Lagge-urta-va-su		transference in a contrata contrata contrata de la contrata contrata de la contrata de la contrata de la contra	uning apart yakus, yang iyi gasar dabungaknings delaphasar habayapan nyasan	
ago, e virginamentagia, virginis delatris y galacidad da virgi virginalitànica, que virgin virgina elemente del	ne mangana anno ser establista di establista de la establ	unighth and supposes the select contents accorded a three .	Re-matter than the section of the se	1999 P. G Control & C. Constallist Antides and American	da su i indianisti, i manus montrato y i anti-munigipositale	Production of the contract of the
ng pagis <b>man</b> angan asy sa ataunasantan interioris daka antaras, interioring nagas angas anganan sa ataun sa ataun	tarteri tira di hamatta pri di si sendi tita più himo mini di dil dillitti diagnasi.	antidistribustik <mark>ada mi</mark> llentin timbak taasespa e <sup>l</sup> ele var <sub>e</sub> uae <sub>eeee</sub> eeeee	otekon misselli ili Salahigii ili sanadi misin suu, seprapriili aadisemin ale noo <b>saa 196</b> silahigi		tillede der planteren i bleder ett fred til en op en vitte, oppreten det planter verse over v	THE MET PROPERTY OF THE PROPER
		Tre	eatment			
Did you go to the hospital?	ΠYes		EGUNGIIL	□No		
When did you go?	- The result and the separate of the second	nediately after	accident	□Next day	□2 or more days	: after accident
How did you get to the hospi	er-vertexto -cercas, -perior se-abolismen-rando	bulance	TOO WELL TO STATE THE STATE OF	□Private Transp		aitei accident
Name of hospital:	Appearance of the applications of the application of the appearance of the application of	andrage vitramen - extramenages, supplied	etterijouri teksomir onligacijast protozopas teksopato par protopastandin <b>a</b> j spec	Name of docto	Destruction according to the control of the control	
Diagnosis:	. When will be the selection of the second	respect that the second section of the second section of the	armak-punner - musimmani-endheriyes-inin - prikabilis-be-		P. S. D. Market Service and Anticome Services and Anticome Service	
n de states en antidostrata de la seria de seria en antidos en considera de antidos en antidos en antidos de la seria del la seria de la seria del la seria de la seria del la seria de la seria de la seria de la seria del la seria				т том принятующения общення принятий принятий принятий.	tide special special species in the contraction of the special	
Treatment/medications recei	ived:					erteroete i var en gr <b>eakse</b> nsaude elektrosustrassustassustassus
udginks ir itaistiks talaudu seu rusikauliktasis, uspur u traktsak, yen ir makelini gutasteri vasikalusintali	K y - w ymwyddia'i ddiaddiaddiaddiaddiaddiaddiaddiaddiadd	az vindlista a an	de a grandelle de mais de proposition en la company de	er der eine vertrag der Schale der Vertrag der eine vertrag der eine vertrag der eine der der der der eine der	for the Many of the control of the sales of the control of the con	and against an analysis of the first policy of the contract of
Medical imaging taken (X-ray	MRI CT Sc	an).			ent encountries (m. e. de grapes en mariantes). Les phases pages ; compress des japanesses des	Processor and the second of th
				things in all the second section of the section of	Political expensional section and contributions	different control of the second control of the factor of t
			oms/Injuries			
Have you been able to work		to a transport consequence of the contract of			ays have you mis	waterpartition and the control of th
Prior to the injury, were you	OF THE PROPERTY OF THE PROPERTY OF THE PARTY.	THE RESIDENCE OF THE PARTY OF T	Na artificia especiales de managemente en esta insurente de la la companya de la companya del companya de la companya de la companya del companya de la comp	MATERIAL PLANTAGE STATE AND ADDRESS OF THE STATE OF THE S	⊡Yes	⊔№
Please indicate any other syn		notive and property and propert	PROFES TO SERVED AND ADMINISTRATION ASSESSMENT ASSESSME	accident and m	ark paintul areas	on the picture
egyppylinessyly igyvyyg (1957-i yangulayersystykka 1. 1957-pr. margyalayay alaasaan alkkirilastees eser	eet/toe num		Neck pain	to describition describes and a property of	Ω	₹?
and the property of the property of the second seco	land/finger i leadaches	and the second section of the section of the second section of the second	Neck stiffnes	MACCO - CONTRACTOR STREET, STR	ارد یا	$\langle \cdot \rangle$
CONTRACTOR OF THE PROPERTY OF		CONTRACTOR STATE OF THE PARTY O	Shortness of	/_/	- 11	14 11
www.goarn.comman.com.com/streets.com/go-residentification and company of the community community community and	rritability	a syncharendepenyjons-masspachadiptocatas, sols da ny	Sleep difficul	and the second s	, M	$M^{\star}M$
Consideration of the second contract of the s	aw problem:		Stomach ups Tension	er W		
and the speciment of the section of the section of the specimens of the section of the speciments of the section of the sectio	eg pain		New Comments of the Comment of the C	1900-1900 av 1900 fra Balantino de Parez a	<i>}</i> •{•{	)- <b>{</b> -{
The state of the s	Viemory loss	englisses entiplement as newscars and new or a	Blurred vision	- The state of the	\{\	\∜/
Is this condition getting progr	the requirement of the state of	rse? □Yes	alproprintegy along the 4 and enterelation devication— 19, value and their	□No	attich	خلا
Rate the severity of your pair	Spaint produces with a stable in transfer performance on	engenning			□Unknown	
hate the severity of your pair		☐Throbbing	O 10 (severe i	HISPANING APPENDING HER THE SELECTION OF	□Shooting	
Type of pain: USharp U			mada 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CIACITIES.	The physical representation of the second se	
CLEVEL - William Control of the Cont			nStiffness	ri Swelling	nOther-	
□Burning □	Tingling	CC Cramping	□Stiffness ternoon	□Swelling □Evening	□Other:	GConetant.
Burning D How frequent is your pain?	Tingling	□Cramping □Af	ternoon	□Evening	□Night	□Constant
☐Burning ☐ How frequent is your pain? Does it interfere with your:	Tingling □Morning □Work	□Cramping □Af □Slee	ternoon		□Night	and the control of th
Burning D How frequent is your pain?	Tingling  IMorning  IWork  are painful	□Cramping □Af □Slee	ternoon	□Evening	□Night □Recreatio	note and entropy or any entropy or comment of the property of the second

I certify that the above information is complete and correct to the best of my knowledge.

Patient Signature

Date



### 10320 W. McDowell Rd., Ste. A-1002 Avondale, AZ 85392 Ph. 602-566-7676

Patient	's Name:	Date:
PLEA	SE MARK AS MANY OF THE FOLLOW	ING THAT APPLY TO YOUR CASE:
	I have Medical Payment (Med-Pay) benefits, either I have group health insurance benefits either directl I have retained an attorney I have not retained an attorney I have the adverse or third party information available.	y or through my spouse or parents.
PLEA	SE PROVIDE THE APPROPRIATE INSU	RANCE INFORMATION:
1)	Your automobile insurance carrier:	
	Address:	Insured:
	Claim #:	Policy #:
	Telephone:	Fax:
2)	Adverse or 3rd party automobile insurance carrier:	
	Address:	Insured:
	Claim#:	Policy #:
	Telephone: Fax:	Claim Rep:
3)	Your group health insurance company:	
	Address:	Insured:
	Date of Birth Policy #:	SS#
	Telephone:	Fax:
4)		Legal Assistant:
	Address:	
	Telephone:	Fax:



10320 W. McDowell Rd., Ste. A-1002 Avondale, AZ 85392 Ph. 602-566-7676

## Patient Health Information Consent Form

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any healthcare operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your PHI, we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

- The patient understands and agrees to allow this chiropractic office to use their PHI for the
  purpose of treatment, payment, healthcare operations, and coordination of care. As an example,
  the patient agrees to allow this chiropractic office to submit requested PHI to the Health
  Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be
  assured that this office will limit the release of all PHI to the minimum required by the insurance
  companies for payment.
- The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
- 3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
- 4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent, but would apply to any care given after the request has been presented.
- 5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
- Patients have the right to file a formal complaint with our privacy official about any possible violations of the policies and procedures.
- 7. If the patient refuses to sign this consent for the purpose of treatment, payments, and healthcare operations, the chiropractic physician has the right to refuse to give care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Name of Patient (Print)		Date	
	*		
Patient Signature		Date	the transfer of the second