Dr. Daniel D. Yen
Yen Chiropractic LLC
4528 W Craig Rd, Suite 190
North Las Vegas, NV 89032
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Claim Registration Form

Today's Date:		Referring Physician:	
Patient's Last Name:	First Name:	Birth date: / /	Age:
Marital Status: S/ Mar/ Div/ Sep/ Wid	Sex: Male Female	Social Security No:	Home Phone No:

Cell Phone No:	Street Address:	City:
State:	Zip Code:	Occupation:
Employer:	Employer Phone No:	Employer Address:

INSURANCE INFORMATION

Primary Insurance:	Insured (Policy Holder):	Relationship:
Insured Date of Birth:	Insured Social Security No:	Insured Employer
Policy No:	Group No:	Secondary Insurance:

*** Please provide a copy of your photo ID, plus the front and back side of all insurance cards. ***

Are you being seen for a work related accident? Yes No

If so, who is your worker's compensation carrier: _____

Claim No: _____ Date of Injury_____

Worker's Compensation Phone: _____ Adjuster_____

Worker's Compensation Address: _____

Are you being seen for an automobile/personal injury accident: Yes No

If this is an automobile accident, please provide your MedPay Information:

Insurance Carrier:_____Phone No:_____

Address: _____

Claim No: _____

Date of Accident:_____

Please provide the name of your attorney if applicable: _____

I hereby assign and direct to pay any and all benefits for medical services under this claim directly to **Yen Chiropractic LLC**. I hereby authorize the release of any medical information requested by the insurance companies with the above assignment. I agree to pay for all services rendered. If a collection agency's services are required, I further agree to pay for all legal fees, court costs, reasonable attorney fees, and collection agency fees in connection with my debt. I understand that any and all fees incurred for medical treatment are my total and ultimate responsibility, regardless of any insurance that I may have. In the event that my insurance does not provide benefits or provides reduced benefits, I will be financially responsible to pay my debt.

Print Patient/Guardian Name:_____

Signature:_____

Date: _____