

Amon Chiropractic & Wellness Center

Dr. Sheila Amon

10605 Concord Street, Suite 502
Kensington, Maryland 20895

240-242-3266
(fax) 240-242-3248

Name _____ email _____

Address _____

Social Security Number _____ Date of Birth _____

Phone Number: Cell _____
Home _____
Work _____

Referred by: _____

Health Insurance Information

Primary Carrier _____

Policy # _____ Group # _____

Patient Relationship to the Insured ___ Self ___ Spouse ___ Child ___ Other
If you are covered under another person's insurance, please complete:

Name of Insured _____ Birth Date _____

Address of Insured _____ Phone Number _____

Insured's Employer _____ Address _____ Phone Number _____

I authorize the release of all medical or other information necessary to expedite payment or processing of claims to my insurance company and/or attorney. I authorize payment of medical benefits directly to YourSpine, L.L.C. and/or Dr. Sheila Amon for services rendered by them.

Signature _____ Date _____

I give permission for YourSpine, L.L.C. and/or Dr. Sheila Amon to treat my minor child.

Signature _____ Date _____