

James Family Chiropractic Insurance Information

Do You Currently Have Insurance? *(Please circle)* Yes No

Name of Insurance Company: _____

Insurance Policy Number: _____

*Please Provide Us With Your Card So That We Can Make A Copy
You Will Also Be Asked For A Photo ID*

Date of Birth: _____

Are You The Primary Policyholder On This Card? *(Please circle)* Yes No

If No, List The Name Of The Primary Card Holder: _____

Primary Card Holder's Date of Birth: _____

Do You Have Secondary or Supplemental Insurance? *(Please circle)* Yes No

Name of Insurance Company: _____

Insurance Policy Number: _____

*Please Provide Us With Your Card So That We Can Make A Copy
You Will Also Be Asked For A Photo ID*

Date of Birth: _____

Are You The Primary Policyholder On This Card? *(Please circle)* Yes No

If No, List The Name Of The Primary Card Holder: _____

Primary Card Holder's Date of Birth: _____