

Statement of Non-Accident

(this should be read and signed by any pt NOT being treated for an accident or injury)

I, _____, am currently receiving chiropractic care at this facility. Please know that this care is **not related** to any auto accident, workers' compensation injury or any other type of injury in which there is a third party liable for these bills.

I trust this statement will clarify this matter and there should be no delay in processing any claims submitted to you by this chiropractic office. If you have any questions, do not hesitate to contact me personally.

Print Name

Signature

Date

Coordination of Benefits Statement

(this should be completed and signed by EVERY patient)

Name of patient _____ SS# _____ DOB _____

Primary Insurance Information:

Name of Insured _____ Policy ID# _____ Relation to Insured _____

Please check ONLY ONE of the following:

- I am the patient AND the insured AND I have no other insurance coverage
- I am the patient, BUT the insured is my spouse _____. I am not employed and therefore have no other insurance coverage of my own.
- I am the patient, BUT the insured is my spouse _____. I am employed at _____ but have no insurance coverage through that employer.
- I am the patient, BUT the insured is _____. I am a full time student and have no insurance coverage of my own.
- I have two carriers as noted below:
Primary Carrier _____ Insured Name: _____ Insured DOB: _____
Secondary Carrier _____ Insured Name: _____ Insured DOB: _____

***if the patient is a child - determining which carrier is primary and which is secondary is usually based on the 'birthday rule'.

Print Name

Signature

Date

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