



Pea and the Pod

CHIROPRACTIC™

One Centurian Drive

Newark, DE 19713

302.455.PEAS (7327)

www.peapodchiro.com

Insurance Policy Holders

Who is responsible for this account? _____

Relationship to Patient _____

Primary Insurance Company _____

ID# _____ Group# _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

Secondary Insurance Company _____

ID# _____ Group# _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

Policy Holder's Address if Different from Patient _____

I certify that I and/or my dependent has insurance coverage as stated above and assign directly to Pea and the Pod 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 authorize the use of my signature on all insurance submissions. Pea and the Pod Chiropractic may use my health information and may disclose such information to the above-named insurance companies and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my treatment is completed or 3 years from date signed below.

Printed Name of Patient _____

Signature of Patient or Guardian

Date _____