



New Patient Application

Full Legal Name:

Name you'd like to be called:

Date:

DOB: _____ Gender: F M Gender at Birth: F M

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: S M D W # of Children: _____ SSN: _____

Cell: _____ Home: _____ Work: _____

Email: _____ Referred By: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relation: _____

If we're unable to reach you, would you like us to:

Cell: Leave detailed message **Home:** Leave detailed message **Work:** Leave detailed message
 Message to return call Message to return call Message to return call

Would you like an Appt reminder?: Email Cell Provider:

This reminder is a courtesy, If you do not receive this message it does not mean you don't have an appointment.

Would you like to sign up for our email newsletter?: Y N (You may opt-out at any time)

APPOINTMENTS Any appointments not canceled by calling or emailing (info@JBSWellness.com) the office 24 hours prior may be subject to a cancellation fee of \$25 for adjustment evaluation appointment, \$85 for Chiropractic or Nutrition Exams, \$135 for 90 min/\$90 for 60 min/\$45 for 30 min therapy appointments. This charge is the responsibility of the patient and cannot be billed to the insurance company.

PAYMENT Payment is expected in full at the time of services and purchases and can be paid via cash or credit card. Any payment arrangements for services must have been made in writing in advance of the day of your visit. Personal checks will be accepted at the discretion of Dr. Shaw for established patients. Any returned checks will be assessed a \$30 returned check fee and the office will no longer accept personal checks for the account or related accounts. Outstanding balances over 30 days will be charged a monthly interest rate of 5%. Accounts overdue by 120 days will incur a 30% processing fee and sent to litigation. The patient or patient's guardian is responsible for outstanding balances, court costs and attorney's fees.

RETURNS Unopened, unaltered products in the original undamaged boxes may be returned within 45 days of purchase. Homeopathics and refrigerated probiotics cannot be returned.

OUT OF POCKET Patients not utilizing health insurance may qualify for time of service discounts.

INSURANCE We accept insurance assignment from Blue Cross Blue Shield PPO subject to verification of your coverage. We will file your claims as a courtesy to you, however, it must be fully understood that the contract is between you and your insurance company. We will not enter into any dispute with an insurance company regarding a claim and it is the patient's responsibility and obligation to pay any amounts that insurance does not cover. JBS Wellness LLC and Dr. Jill Balla Shaw, D.C. reserves the right to discontinue our contract with Blue Cross Blue Shield at any time and will notify patients according to the contract. We will not accept assignment from car accident or worker compensation.

JBS Wellness LLC will only submit chiropractic services to insurance for patients following an active care plan **DISCLAIMER** Dr. Jill Balla Shaw, D.C. of JBS Wellness LLC is a chiropractor, not a medical doctor and does not practice medicine. The products and services we provide are not a substitute for medical advice. If you need medical attention, please consult a qualified physician.

Any previous agreement is hereby superseded, replaced in its entirety and considered null and void.

I HAVE READ, UNDERSTOOD AND AGREE TO COMPLY WITH THE TERMS SET FORTH HEREIN.

Patient Name (print) _____ Patient Signature _____ Date _____

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____