

Dr. Wendy Pollock, D.C., PA
237 Oxford St., #22 Portland, ME 04101
207-774-9666

Patient Information Form

Name: _____ Date of Birth: _____

Address: _____ Soc. Sec.# _____

City: _____ State: _____ Zip: _____ M or F

HomePh# _____ WorkPh# _____

Emergency Contact Name & Number _____

Employer: _____ Referring Doctor: _____

Would you like an appointment reminder phone call? _____

Email address: _____

Primary Health Insurance

Name of Insurance Co. _____

Subscriber Name: _____

Certificate# _____ Group# _____

Secondary Health Insurance

Name of Insurance Co. _____

Subscriber Name: _____

Certificate# _____ Group# _____

Is this related to a workers comp, auto liability or personal injury claim? Yes No

Medical Records Release and Assignment of Benefits

I authorize the release of any medical records necessary to process any claims for services rendered to me by Dr. Wendy Pollock. I realize that if for any reason these services are not covered by the insurance(s) listed above; I am fully liable for any unpaid services

Signature of Patient or Guardian: _____ Date: _____

I authorize payment of benefits to be released directly to the above provider:

Signature of Patient or Guardian: _____ Date: _____