



537 West Sugar Creek Road, Suite 101
Charlotte, North Carolina 28213

Dr. Henry E. Rice
Dr. Ferzaan A. Ali
Dr. R. Scott Saario

Name: _____ Date: _____

How did you hear about our practice? (Please be specific)

- Relative _____
- Friend _____
- Doctor _____
- Sign _____
- Billboard _____
- Yellow Pages _____
- Other _____

.....
In reference to your health insurance: (please choose one and initial on the line)

_____ I have health insurance and wish to have it filed if it includes chiropractic coverage.

_____ I do not have health insurance.

_____ I have health insurance but choose not to have it filed for this injury/illness. You will need to pay for each visit at time of service.

.....
I have had a copy of ChiroCarolina's "HIPAA Notice of Privacy Practices" made available to me. I am welcome to take a copy with me and may return to get a copy at any time.

Patient's Signature: _____ Date: _____