



Dr. Wolfgang Shane
Doctor of Chiropractic
20803 Valley Blvd., Suite 103
Walnut, CA 91789
(909) 598-2111

Welcome to Our Office

Name _____ Nickname _____
Address _____
City/State/ Zip _____ Birthday _____
Email Address _____
Cell Phone _____ Home Phone _____
What is the best way to contact you? _____

Occupation _____ Employer _____
Address _____
City/Zip _____ Work Phone _____

Spouse's Name _____
Occupation _____ Employer _____
Address _____
City/Zip _____ Work Phone _____

For Insurance Patients Only

Subscriber's Social Security Number _____

I certify that I, and/or my dependent, have insurance coverage and assignment directly to Dr. Wolfgang Shane 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.

Dr. Wolfgang Shane may use my health care information and may disclose such information to my insurance company and their agents for the purpose of obtaining payment for services in determining insurance benefits or the benefits payable related services.

Patient (or Guardian Signature) _____ Date _____

I certify to the best of my knowledge, the above information is complete and accurate. I understand that I am liable for all charges and services rendered and I agree to notify the doctor immediately when I have a change in my health condition or health plan coverage in the future. If the patient is a minor, I confirm that I am the legal guardian and I am providing consent for treatment.

Signature _____ Date _____

