REJUVENATION
HEALTH SERVICES

CLIENT INTAKE SHEET

NAME: _____M / F DATE OF BIRTH: _____ M _____D _____Y

ADDRESS: _____ POSTAL CODE:_____

PHONE: (H) _____ (W) _____ (C)_____

FAMILY DOCTOR: _____ AHC NUMBER: _____

EMERG CONTACT:_____ PHONE:_____ RELATION: _____

REFFERED BY: _____ EMAIL ADDRESS: _____

Can we add you to our email list to receive appointment reminders, health tips, health information, and any special offers we may have? Y / N

FOR MVA CLIENTS

INSURANCE COMPANY: _____ PAPERWORK COMPLETED: Y / N

ADJUSTER NAME: _____ PHONE: _____ FAX: _____

CLAIM NUMBER: _____ DATE OF ACCIDENT: _____

FOR WCB CLIENTS

EMPLOYER NAME: _____ PHONE NUMBER: _____

JOB TITLE: _____ CURRENTLY WORKING: Y / N

ADJUSTER NAME: _____ PHONE: _____ FAX: _____

CLAIM NUMBER: _____ DATE OF ACCIDENT: _____

BILLING PROCEDURES

Payment will be required after each session. We are able to bill directly for recent car accidents, WCB incidents, and most major insurance benefit carriers, however **we cannot verify your daily or annual limits. It is your responsibility to check** this with your employee handbook or employer. If we are unable to bill your insurance company directly we will provide you with all appropriate invoices and receipts necessary for reimbursement. **PLEASE NOTE THAT WE ARE UNABLE TO BILL DIRECTLY FOR REFLEXOLOGY, PSYCHOLOGY, AND ACUPUNCTURE.** PLEASE INITIAL _____

ATTENTION MVA AND WCB CLIENTS

If you neglect to provide us with the accurate billing information, you will be responsible for all monies owing regarding your treatment. Your invoices will be submitted to you for payment before any further appointments can be scheduled.

PLEASE INITIAL _____

ATTENTION ALL CLIENTS

Please make every effort to attend each scheduled appointment on time. If you are **unable to keep an appointment**, please make sure to notify the clinic **24-hours in advance** where possible. If you do not provide this notice, a **$50 "Did Not Attend" fee** will be charged to your account. PLEASE INITIAL _____

I have reviewed the Clinic Orientation booklet and understand its contents. Whatever I did not understand has been satisfactorily clarified by a staff member.

SIGNED: _____ DATE: _____

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