



Paul S. Goodkin DC PA
4750 N Federal Highway
Suite 203
Ft Lauderdale, FL 33308
P (954) 202-9009
F (954) 776-9953

(Last name) (Middle) (First name)

(Street address) (Apt/Suite #)

(City) (State) (Zip)

Home () Cell () Work ()

Email: Sex: Male Female Age

Date of Birth / / Social Security # - -

Married ___ Single ___ Divorced ___ Legally Separated ___ Widowed ___

Primary Language Referred By

Who Will Be In Charge of Your Account? Self ___ Spouse ___ Parent ___ Other ___

Student: Full Time ___ Part Time ___ School Name _____

Employed: Full Time ___ Part Time ___ Retired ___

Employer Name: _____

Employer Address _____

Insurance Information

Insured Party: _____
(Name of Insured Party) (Relation to insured party)

(Insured party's address) (City) (State) (Zip)

(Insured party's telephone #) (Date of birth) (Social security #)

Insurance Company: _____ HMO PPO POS OTHER

Policy # _____ Group # _____ (Circle one)

Insurance Co. Telephone # _____

All charges for services rendered are payable in full at the time of service. The undersigned patient is fully and completely responsible for any and all charges incurred. As a convenience, Paul S. Goodkin, D.C., P.A. will submit its charges to any health insurance company provided by patient, and the undersigned hereby assigns any and all rights that undersigned has or may have against any and all insurance companies which may be liable in whole or in part for the services rendered by Paul S. Goodkin, D.C., P.A. Patient hereby authorizes the release of any information necessary to process said insurance claim. Patient acknowledges and agrees that some or all of the charges incurred may not be paid by patient's insurance company (i.e. lack of insurance, deductibles, co-pays, etc.), and the undersigned assumes all responsibility for said charges. In the event that Paul S. Goodkin, D.C., P.A. shall be required to retain an attorney to collect any outstanding balance, undersigned patient agrees to pay all costs, including reasonable attorneys fees, incurred by Paul S. Goodkin, D.C., P.A. in collecting said balance

Signature _____ Date _____