William Lyden, D.C., D.A.C.B.N., D.A.B.C.I. D.C.B.C.N.



605 W. Edison Rd., Suite G
CLINIC Mishawaka, IN 46545-8823
PHONE: 574-258-4444 FAX: 574-258-4445

Email: <u>MWLC@SBCglobal.net</u> Website: <u>www.MichianaWellness.com</u>

Diplomate in Nutrition- Board Certified 1989, 2009 Diplomate in Internal Disorders- Board Certified 1990

## IMPORTANT PERSONAL INJURY PATIENTS

Please fill out these forms and be sure to bring the <u>completed forms</u> with you to your 1st visit and give them to the front desk receptionist immediately upon arriving. If you have not filled out your forms, come to your appointment <u>30-45 minutes early</u>, to fill them out. Accurate completion of these questionnaires is necessary for the doctor to properly assess your condition. We are very thorough so your appointment will last at least 2 hours. Plan accordingly, please.

Please ensure that	the following forms are included in this package:
□ Pe	rsonal Injury New Patient Questionnaire
□ Re	elease of Records
□ HII	PAA - Notice of Privacy Practices for Protected Health Information
□ As	(Health Insurance Portability & Accountability Act) signment, Lien and Authorization Form (sign)
☐ Fir	nancial Policy (sign)
□ Off	fice Policy (sign)
*Bring with you:	☐ Police Report (if need be, call the police department to pick it up)
	☐ Insurance endorsement sheet with the amount of "Med-Pay" you have.
Thank you for conta	acting our office. We will look forward to meeting you on:
Please return forms	Date: Time: s to: Michiana Wellness & Longevity Clinic 605 W. Edison Rd., Suite G Mishawaka, IN 46545-8823 (574) 258-4444