Additional Information Response Form

Overview

Use this form to submit a response if prompted by EmpowerChiro to provide additional information about an event in your history.

Instructions

Please send the completed form to EmpowerChiro using one of the following options:

Email: providerservice@empowerchiro.com
Fax: (316) 687-2113

Mail: EmpowerChiro
7309 E 21st St N Ste 110
Wichita, KS 67206

Provider Information

Provider Name: _____

Date: ____/_____/_____

Response

This is a response to a question about a: ◯ license issue ◯ malpractice issue ◯ other (please describe below)

_____

Description of Allegations