

Osteopathic/Chiropractic Exam

Confidential health records of: Name: _____ Date: _____

Reason for this visit: _____

When did this condition begin? _____

Has it: (check all that apply) Worsened Stayed constant Comes and goes

Does this condition interfere with: Work Sleep Daily routine Other activities

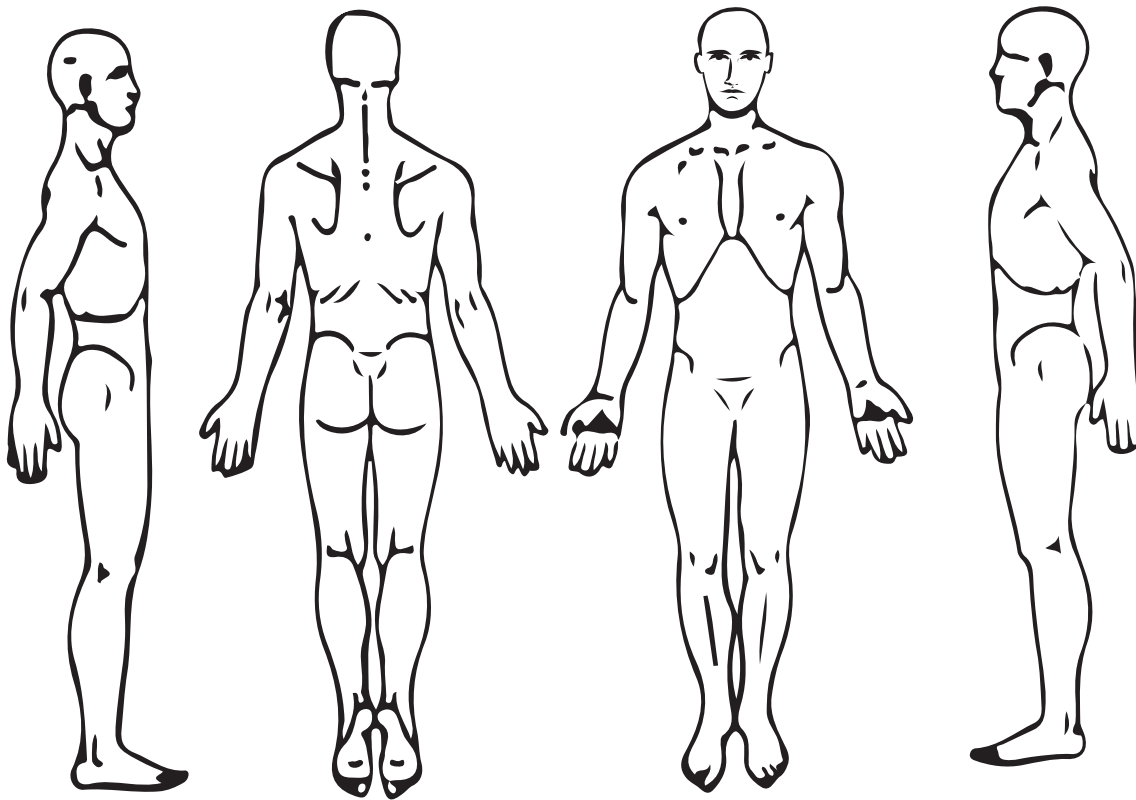
Explain: _____

Has this condition occurred before: Yes No Explain: _____

Please be sure to fill the picture out extremely accurately. Mark the area on your body where you feel the described sensation(s). Use the appropriate symbol(s), mark areas of radiating pain and include all affected areas.

You may draw in the face as well.

- Numbness: ----- Pins & needles: oooooo Burning pain: xxxxxxxx Stabbing pain: ///////////////
 Aching pain: ((((((((((Stiffness: SSSSSSS Dullness: xxxxxxxx



Circle the pain level that most accurately represents your pain: **No Pain** < 0 1 2 3 4 5 6 7 8 9 10 > **Unbearable pain**

Right now: 0 1 2 3 4 5 6 7 8 9 10

At best: 0 1 2 3 4 5 6 7 8 9 10

Have you seen a doctor for you condition: Yes No

What type of treatment? _____

Who referred you? _____

Reason for those visits? _____

Primary care physician: _____

Average pain: 0 1 2 3 4 5 6 7 8 9 10

At worst: 0 1 2 3 4 5 6 7 8 9 10

Doctor's name: _____

Results: _____

Have you been adjusted by a chiropractor? Yes No

Doctor's name: _____

Phone: _____ Address: _____

Informed Consent for Chiropractic/Osteopathic Treatment of your Pain

The nature of chiropractic/osteopathic treatment: The doctor will use his/her hands or a mechanical device to manipulate the area treated. You may feel or hear a “click” or “pop”, and you may feel movement. Treatment also includes activity advice, exercise, hot or cold packs or electric stimulation. Your practitioner will recommend treatment she/he determines is the most appropriate for your condition.

Possible risks: Chiropractic and/or osteopathic treatment for pain is safe and the majority of patients experience slight increased pain in the treated area, possibly due to minor strain of the muscle, tendon, or ligament. When this occurs within the first few days of treatment, the increased pain is brief and returns to baseline or improves over the next few days. Increased pain may also occur with exercise, heat, cold, and electrical stimulation. Possible skin irritation or burns may occur with thermal or electrol therapy.

Serious bodily harm is extremely rare and not an inherent risk of treatment. Many variables can adversely affect one’s health, including previous injury, medications, osteoporosis, cancer, and other illness or disease or condition. When these conditions are present, chiropractic/osteopathic treatment may be associated with serious adverse events, such as fracture, dislocation or aggravation of previous injury to ligaments, inter-vertebral discs, seek medical and/or chiropractic/osteopathic care. Your practitioner is aware of this association and when appropriate may assess for symptoms and signs of stroke. *Please inform your practitioner of all medications you are taking, including blood thinners, any surgeries you have had, and any other medical condition you have including osteoporosis, heart disease, cancer, stroke, fracture or previous severe injury.*

Other options for the treatment of pain include: *Do nothing - live with it, over-the-counter medications, physical therapy, medical care, injections or surgery.* There are hundreds of other treatments for pain. Most treatments that have potential benefits also have potential risk. You are encouraged to ask questions regarding possible risk of chiropractic/osteopathic treatment, and may use the space below for this purpose.

My signature below confirms that I have read the paragraphs above and that I understand what my chiropractor/doctor has told me about possible risks of chiropractic/osteopathic treatment and that I have had the opportunity to ask questions and have my questions answered. Also, I have fully disclosed to my practitioner my medical history regarding the above specified complicating factors and all the other conditions that have caused me pain in the past.

_____ Patient name	_____ Signature	_____ Date
_____ Witness name	_____ Signature	_____ Date



Santa Cruz CORE Fitness + Rehab

Understanding your Insurance

Client name: _____

Date: _____

Welcome to CORE, we are excited about your choice to take charge of your health. We want to make sure you understand how insurance works with us so we just want to briefly go over it with you.

So, you will be seeing _____ for _____ (service type)

Overall, there are many different types of insurance plans and coverages. Either you or your company picked the type of coverage that is within your plan. As the premium payer, it is your responsibility to already know the general benefits of your insurance plan but we'll go over how it works from our end with you.

1. With all insurance plans, there is usually a patient responsibility of payment. This amount is either a deductible, a co-pay or a co-insurance. We will contact your insurance company to try and determine what your responsibility is. We are out of network with most insurance companies and as a result they refuse to give us a lot of the information that will determine what the patient's responsibility is before submitting our claims. For example: the allowable amount for procedural codes.

Initials

2. The insurance representatives are human and they can make mistakes and can give us the wrong information when we check benefits. **It is illegal for a doctor's office to not attempt to collect the patient's responsibility.** We will explain your responsibility clearly and in detail. If payment is required, we will help you to choose the easiest method of payment.

Initials

3. There are 2 forms of payments in any type of hospital, clinic, or doctors office: Prompt Payment, which is the payment paid at the time of service, and Deferred Payment, which is when the patient doesn't pay at the time of service and is usually billed to the insurance company. The Deferred Rate is more expensive than the Prompt Rate because of a few different reasons: the provider has to wait for payment for 30-45 business days. Billing insurance is a specialty field that takes specific training and knowledge. When the claims are denied, it takes time and negotiating expertise to appeal them and that process takes between 90-100 days. These are some of the risks of using your insurance with a provider that is out of network.

4. MedXcare Health Professionals is out of network with most insurance companies. When billing claims for insurance companies that we are out of network with, **the patient's responsibility will always be what the insurance company does not pay.** If the insurance company pays \$0 and the patient only pays a copay, the patient responsibility will be what MedXcare billed, which will be more than the prompt payment rate.

Initials

5. In addition to payment responsibility, most insurances have a maximum number of visits they will

Initials

allow as well as a maximum amount of payments per year. It is important to realize that these caps or maximums are determined by the plan which you chose. They are not determined by the amount of care needed to get you healthy. Please do not make the mistake of choosing either your type of care or length of care according to what your insurance will pay. This can be a dangerous mistake.

Initials

- 6. Your payment for our service will come directly to our office. In some cases the insurance company will make payment to you and in your name. That payment is intended for the doctor, therefore will need to be made to the name of the physician group, **MedXcare Health Professionals** via check, VISA, or Mastercard.

Initials

- 7. If you would like to submit your own bills to your insurance company you will need to pay the prompt payment rate at the time of your service. At the end of the month our billing department will give superbills for visits that month which can then submit to your insurance company for reimbursement.

Initials

Remember, our goal is to help you get healthy. Insurance can be confusing. We will do all that is in our power to help you clearly understand your benefits.

Once again, welcome to our office and welcome to a healthy life.

I read and understand how my insurance works

Name (Printed)

Signature

Date

Santa Cruz CORE Fitness + Rehab Insurance Fee Schedule

CPT Codes	Description:	Prompt Payment Price	Deferred Payment Price
97811	Acupuncture without E-stim (each additional 15 minutes)	\$0	\$45
97813	Acupuncture with E-stim (initial 15 minutes)	\$90	\$65
97814	Acupuncture with E-stim (each additional 15 minutes)	\$0	\$60
97810	Acupuncture without E-stim (initial 15 minutes)	\$90	\$50
98943	Extraspinal Manipulations 1 or more regions	\$20	\$35
99202	Initial Exam low to moderate severity (20 minutes)	\$65	\$125
99203	Initial Exam moderate Severity (30 minutes)	\$75	\$175
97530	Therapeutic Activity (15 min. per unit)	\$40	\$59
97140	Manual Therapy (15 minute segment)	Included with spinal adjustment	\$45
95831	Muscle Testing (excluding extremities)	\$45	\$45
97112	NM Re-Education	\$35	\$55
95851	Range of Motion Measurements and Report	\$175	\$45
99212	Re-Evaluation limited or minor severity (10 minutes)	\$45	\$79
99213	Re- Evaluation low to moderate severity (15 minutes)	\$55	\$105
97535	Self care/home management training (15 min. per unit)	\$35	\$67
98941	Spinal Manipulation (3-4 regions)	\$95	\$65
98940	Spinal Manipulation (1-2 regions)	\$95	\$45
97110	Therapeutic procedure (15 min. per unit)	\$30	\$55
99203	Initial Evaluation (15-25 minutes)	\$295	\$228
98925	Osteopathic Manipulative Treatment (OMT) 1-2 regions	\$150	
98926	Osteopathic Manipulative Treatment (OMT) 3-4 regions	\$150	\$115
98927	Osteopathic Manipulative Treatment (OMT) 5-6 regions	\$150	\$125
98928	Osteopathic Manipulative Treatment (OMT) 7-8 regions	\$150	\$150
97112	Neuromuscular re-education (15 min. per unit)	\$40	\$59
HMT	Hanson Muscle Technique per 15 minutes. Not Covered by Insurance	\$45	\$45

***This is NOT a guarantee of coverage, nor do we know that this information is 100% accurate. This is based on what the insurance company told us, and they have been known to quote inaccurate benefits. We check these benefits as a courtesy to our customers and we are therefore not liable for any inaccurate information. Ultimately, it is the responsibility of the patient to know their benefits and keep track of how many visits used. If you have any questions or concerns about this please contact the member services department of your insurance company directly.**

Patient Signature

Date

Name (Print)

Chiropractor Signature

Check one that applies: Dr. Ryan Slaughter NPI: 1407266588

Dr. Rhodes Walton NPI: 1033257324