

FINANCIAL RESPONSIBILITY (for Chiropractic/Durable Medical Equipment)

You are responsible for payment for all services rendered. All fees or financial arrangements are due BEFORE time of service. You will be charged for any collection fees and returned checks if your account is not paid in a timely manner. Should you not meet your payment responsibilities, you will be responsible for all collection fees, travel expenses, interest charges, filing fees, court costs and attorney fees associated with the collection(s) of any of your outstanding debt.

It is your responsibility to be aware of the insurance benefits and coverage outlined in your plan. However, we will call to verify your insurance benefits. In the event that you have questions regarding your coverage and/or any information we have obtained, we will attempt to answer them to the best of our ability. If we are unable to answer your questions, we encourage you to call your company directly.

Please read and ALL SECTIONS BELOW, regardless of insurance or third-party payor provided!!!

Insurance:

Your insurance carrier may pay less than the actual bill for services. You are directly responsible for any copayments, coinsurance, or deductibles not covered by your policy and are responsible for payment of all services rendered on your behalf or that of your dependents. You must authorize the use of your signature in order to process insurance submissions. Authorization is granted by initialing below.

Initials:

Medicare (see MM3449):

Medicare insurance only covers the cost of chiropractic adjustments designed to help correct vertebral subluxations. Medicare does NOT pay for the cost of the examination, x-rays, therapeutic rehab, or supplements. In some instances, Durable Medical Equipment may be reimbursable by Medicare, however a written prescription must be provided by your Primary Care Physician before DME can be submitted for consideration by Medicare. You are responsible for any annual deductible, coinsurance, or other non-covered services. If you have a supplemental insurance, you must provide that information to our office to ensure that they will receive claims after they are processed by Medicare. Some supplemental insurances may assume some or all of your co-payments and excluded services. Supplemental coverage varies by plan.

If you have a Medicare Replacement plan, your coverage may differ from traditional Medicare. Coverage varies by plan.

The number of adjustments covered by Medicare varies based on the severity of your condition, any trackable functional improvements, and your compliance with a specific visit plan for active treatment. Medicare does not pay for palliative or preventative chiropractic care (i.e adjustments designed to help you maintain progress or prevent problems, or "as needed" or "once-in-awhile" adjustments). You are financially responsible for these types of treatments.

You must authorize the use of your signature in order to process Medicare and Medicare-related submissions. Authorization is granted by initialing below.

Initials:

Underinsured or Not Insured:

The billable rate for each service or treatment rendered by the physician is necessary to provide services, cover overhead costs, non-physician labor costs, and adequate compensation to the physician for his/her services and expertise. This is the amount the practice bills to both cash patients and insurance companies. It is unlawful to charge a lesser amount to individuals who are not billing insurance. This is considered to be a "dual-fee schedule" and is illegal in all states under the Affordable Health Care Act. However, discounts may be available to you through a Discount Medical Plan (DMP). Our office offers ChiroHealth USA (aka: CHUSA) or ChiroHealth USA Plus (CHUSA Plus). Enrollment in CHUSA or CHUSA Plus is voluntary but required in order to receive any discounted rates. Please ask for more information if you are interested.

Initials:

TERMS OF ACCEPTANCE (for Chiropractic/Durable Medical Equipment)

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both the patient and the facility to be working towards the same objective.

Chiropractic has only one goal: health. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

HEALTH: A state of optimal physical, mental, and social well-being; not merely the absence of infirmity.

SUBLUXATION: A loss of the normal position and motion of a bone/joint due to stress, trauma, or chemical imbalances within the body. This may cause alterations in nerve function and interfere with the transmission of mental impulses resulting in a lessening of the body's innate ability to express its maximum health potential.

ADJUSTMENT: An adjustment is the specific application of forces to facilitate the body's correction of Vertebral Subluxation. Our chiropractic method of correction is by specific adjustments of the spine and/or extremities. The doctor will use his/her hands or a mechanical/computerized instrument to introduce mobility to your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked" or physical movement of a joint; this is referred to as cavitation and is normal. However, it is not necessary to hear or feel this for correction to be obtained.

DURABLE MEDICAL EQUIPMENT (DME): DME is equipment and supplies ordered by a health care provider for everyday or extended use and is appropriate for home use. According to CMS/Medicare standards, this equipment must be cleared by the FDA and otherwise considered safe, effective, reasonable and medically necessary for the purpose intended.

We do not offer to diagnose or treat any disease or condition other than subluxations, nor do we offer advice regarding treatment prescribed by other physicians. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider that specializes in that area.

Initials: _____

CARE FOR MINORS

Chiropractic care is generally considered a safe and effective form of care for children of any age. However, it is the policy of this office to require that a "Minor Consent Form" must be signed by a legal guardian with Government Issued Photo ID on record before ANY examination (including Sports Physicals) or care will be provided.

Initials: _____

RECORD REQUESTS

This facility is the legal custodian for your medical records and is required by law to maintain a copy of your records on site for a minimum of 10 years after your last treatment. It is within your right to request copies of any medical records of your treatment at this facility. There is no cost to send copies directly to another health care provider. If copies are for your personal use, please be informed that our company follows Kansas Law regarding reimbursement for record duplication based on the Consumer Price Index. Any request for records must be done in writing and records will be available within 10 business days.

Per K.S.A. 65-4971 (b):

Supplies and labor – \$18.40

Pages 1-250 – \$0.61 per page

Pages 250 – \$0.44 per page.

Initials: _____

Payments and Financing:

Payments for all services provided will be due *before* such services are rendered. It is the policy of this office to accept payment in the form of cash, credit card, and personal check. Personal checks require proof of Photo ID. In the event that a check is returned, you will be responsible for the fee plus any returned check fees. If this action is repeated a second time, checks will no longer be an available payment method.

Pre-payment for multiple visits and outside financing options are also available to ensure ease of payment. Please ask for more information if you are interested.

I, _____ (please print), have read and understand the *TERMS OF ACCEPTANCE, RECORDS REQUEST, and FINANCIAL RESPONSIBILITIES* policies as outlined above.

Patient Name (Print): _____ Date: _____

Patient/Guardian Signature: _____

Informed Consent to Chiropractic Treatment

The Material Risks Inherent in Chiropractic Adjustments

Every type of health care is associated with some risk of a potential side-effect and/or complication. This includes chiropractic health care. We wish for you be informed about potential problems associated with chiropractic health care before consenting to treatment. This is a legal requirement in the state of Kansas. This is called informed consent.

Chiropractic adjustments are the moving of bones using the doctor's hands, or through the use of specific mechanical and/or computerized instruments. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", this is referred to as cavitation and is normal. However, it is not necessary to feel or hear this in order for correction to be obtained. You may also feel movement of the joint.

In this office, we used trained personnel to assist the doctor with portions of your consultation, examination, x-ray, physical therapy application, decompression, massage therapy, exercise instruction, etc. Occasionally, when your doctor is unavailable, you may be treated by another doctor on that day. It is also important that any and all precautions are taken to ensure the safest, most effective treatments are provided. Please notify the doctor if you have had any spinal fusions, joint replacements, current broken bones, are being treated for cancer, are pregnant, are taking any photosensitizing medications, have had a recent steroid injection, and/or have a pacemaker or other implanted medical device (such as a morphine pump, insulin pump, neurostimulator, etc.)

COVID-19: During these unprecedented times we have added to our mission the following measures and humbly request your assistance so that we may ensure safety to you, our patients and staff. We look forward to a time into the near future when such strict measures can be eased:

1. We follow a thorough cleaning process for all areas of the office, including seating, treatment surfaces, doorknobs, bathrooms, etc.
2. We will follow CDC accepted group limitations in the office and will practice social distancing.
3. We do not allow staff members or patients who are sick, have been sick recently or have sick family members to come to the office.
4. We stagger appointments to allow time for thorough cleaning between sessions.
5. We ask patients to call when they arrive so that they may be screened with COVID-19 questions and to wait in their cars (rather than the lobby) until the office is ready for them to enter.
6. We ask anyone accompanying the patient who does not have a scheduled appointment to wait in the car during the appointment if possible.
7. Once inside, we will take your temperature. If the temperature is 99.4°F, you will be asked to go home and it is recommended that you get tested for COVID-19. If it is less than 99.4°F, then you may continue your appointment.
8. We ask that, once your appointment is completed, you return to your car in a timely manner to allow other patients to enter for their appointment.

Please reschedule if:

1. You or anyone in your family has a fever or has had one in the last two weeks. The incubation period can be as long as 14 days.
2. You or your family members had any symptoms of a cold or flu including loss of smell or taste, fever, fatigue, a non-productive cough, general all-over body aches and pains, runny nose or nasal congestion, and vomiting or diarrhea.
3. Have they traveled abroad or to a COVID-19 "hotspot" in the last two weeks?
4. Have been near anyone who has potentially had the virus through their own family or work contacts? People can be contagious without symptoms.

Initials:

Pregnancy: Chiropractic care is a safe and effective form of treatment for pregnant women. There is very little risk to the fetus and it does not carry the inherent risk that pain medication does. However, x-ray radiation and some adjunct modalities used for rehabilitation and pain relief do carry some risk. It is important to notify the doctor if there is a chance you could be pregnant

Initials:

Stroke: The term “stroke” means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not (2008, 2015, 2016), although the same evidence suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may, in fact, be a spontaneous dissection of the vertebral artery. If we think this is happening, you will be immediately referred to emergency services.

Anecdotal stories suggest that chiropractic adjustments may be associated with strokes that arise from the vertebral artery; this is because the vertebral artery is actually located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the “extension-rotation-thrust atlas adjustment.” We do not do this type of adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of stroke ranges between 1 per every 400,000-3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Two other potential problems that are *not* quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury and spinal dural tear resulting in a leak of cerebral spinal fluid.

Initials:

Disc Herniations: Disc herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, decompression, traction, etc. This includes both in the neck and throughout the back. Yet, occasionally chiropractic treatments will aggravate the problem and may necessitate surgical correction. These problems occur so rarely that there are no available statistics to quantify their incidence.

Initials:

Cauda Equina Syndrome: Cauda Equina Syndrome occurs when a low back disc puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to urinate or to start a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently deteriorate, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so may be as short as 12-72 hours. If you have any of these symptoms, tell us immediately and if we cannot be reached, go to the emergency department.

Initials:

Soft Tissue Injury: Soft tissue primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement to provide stability. Rarely, a chiropractic adjustment, decompression, traction, massage therapy, etc., may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessitate treatments for resolution, but there are almost no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their incidence.

Initials:

Rib and other Fractures: The ribs are found only in the thoracic spin (middle back). They extend from your back to the front of your chest area. Rarely, a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. This

occurs only in patients that have weakened bones from such things as osteoporosis and osteopenia. Osteoporosis and osteopenia can be noted on your x-rays. These problems occur so rarely that there are no available statistics to quantify their incidence.

Initials:

Burns: Some of the therapies used can generate heat or extreme cold. We also recommend them for home care on occasion. Everyone's skin has a different sensitivity to these modalities, which could potentially burn or irritate the skin. The result is a temporary increase in pain, and rarely, some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their incidence. To reduce the likelihood of these occurrences, never put a home ice or heat pack directly on the skin, and always have an insulating towel between the treatment and your skin and follow the instructions provided to you for use by your treating doctor.

Initials:

Laser Therapy: Laser Therapy is a medical treatment that uses specific wavelengths of light to impart energy into injured cells and tissues. In our office we use two types of laser, a Class II (less than 1 mW, red 635 nm/violet 405 nm)) and a Class IV laser (20 W, 810nm/980nm). According to the more than 4000 studies on pubmed.gov, it can be concluded that the majority of laboratory and clinical studies have demonstrated that Light Therapy has a positive effect on acute and chronic musculoskeletal pain and other conditions. This energy is transformed from photon energy to biochemical energy in the cells which can then be used for repair processes in the body.

The expected direct outcomes from laser treatment may include reduced inflammation, reduced pain, increased circulation and repair of tissues. The indirect outcomes may include increased ranges of motion, increased comfort and improved activity levels. Alternatives to Laser Therapy include, but are not limited to, exercise therapy, anti-inflammatory or anti-pain medication, ultrasound, massage therapy, chiropractic or physiotherapy.

Potential side-effects are rare but may include short term aggravation of symptoms and skin irritation and/or mild burns, and injury to the eye if shined directly into the eye. To avoid eye-related hazards, all reflective objects such as jewelry must be removed from region to be treated and special protective eyewear must be always worn by both patient and laser administrator. To avoid skin irritation, it is important to notify the doctor BEFORE treatment if you are currently taking, or have in the last 10 days taken, any photosensitizing medication (makes you more prone to sunburn). Additionally, notify the laser administrator if treatment begins to feel uncomfortably warm. Treatment directly over active cancer may increase the rate of tumor growth, so it is VERY important to notify the doctor if you have cancer or been diagnosed and/or treated for cancer in the last 12 months.

Initials:

Decompression: Decompression Therapy provides traction and mobilization of skeletal structures (i.e. joints and spine) and of skeletal muscles. These effects are achieved through unloading, distraction (pulling) and positioning of joints. This may be used to relieve peripheral radiating pain/sciatica and pain associated with Spinal Disc bulges/herniation, Degenerative Disc Disease, Arthritis, Loss of mobility, Joint pain, and Nerve impingement syndromes (ex: Carpal Tunnel Syndrome, Foot numbness, etc.).

Very little risk is has been documented with Decompression Therapy. Because of the bracing involved, Decompression Therapy should not be used on people who are claustrophobic or pregnant or who have hiatal or abdominal hernias. Other potential risks may include sprains, strains, muscle stiffness, broken bones or disc herniation. To minimize these risks, Decompression Therapy should not be used if you have structural diseases from tumors or infections, joint instabilities (torn or deranged joints, sprains, strains), hypermobility (ex: Ehler's Danlos Syndrome), or fracture. Decompression should not be used on any joint with rods, screws, plates or other type of fusion. Decompression should not be use on areas of severe osteopenia or osteoporosis.

Initials:

Please note that under Kansas Statute, Chiropractors are not legally authorized to prescribe medicine or surgery. They are authorized to treat and make recommendations using foods, food concentrates, or other natural methods for care, as well as administer first aid or hygiene, if necessary.

Initials:

I have read the above explanation of the chiropractic adjustment and related treatment. I have discussed it with my doctor and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment, have disclosed any pertinent health information regarding my current medical and physical status, and have myself decided that it is in my best interest (or said minor's interest) to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to undergo treatment and acknowledge that there is no guarantee or assurance as to the results that may be obtained from this treatment.

Patient Name (Print): Date:

Patient/Guardian Signature: