

Patient Signature _____ **Date** _____

Robinson Chiropractic Financial Agreement

We strive to provide the highest quality health care while maintaining affordability for you, the patient. We understand that even with insurance most patients will experience at least some out of pocket expense.

Participating Insurances

Our office will accept your PPO insurance on assignment and do participate as preferred providers for many insurance plans. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. (NOTE: We are not in-network with many HMO plans, but are happy to accept you as a private pay patient). Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation.

All charges incurred are your responsibility. If you have a question or concern with your reimbursement, you will need to contact your employer or insurance company. Our office will file your claims for you and assist you in every way possible to ensure benefit recovery. We cannot be certain if your insurance covers chiropractic care, although some policies do provide coverage. The amount they pay varies from one policy to another. As a courtesy, we can call to verify benefits on your insurance, however, the benefits quoted to us by your insurance company are not a guarantee of payment. It is our policy and agreement that you are responsible for payment of any non-covered services, deductibles or copays when services are rendered.

Private Pay - Patients without Insurance or Chiropractic Coverage

We request that 100% of the examination and services be paid at the time of the visit, unless other arrangements have been made. We accept cash, checks, debit, MasterCard, Visa, and Discover.

No insurance will be billed.

Medicare/Secondary Insurance

We do accept most Medicare plans, however, please be advised that some Medicare Advantage HMO plans are not covered in our office. Please inform us of any secondary insurance you may have. We will file and collect from your secondary insurance for services covered by the secondary payer.

Flex Plans/Medical Savings Accounts and HSA (Health Savings Accounts)

For Flex Plans and MSA's we will provide you with a statement of your charges for reimbursement. Your HSA card can be used toward payment of your chiropractic charges.

Personal Injury (PI) or Automobile Accidents

We will bill and accept assignment from the Med Pay portion of your auto insurance and have you sign a Doctor's Lien in the event that you need to get an attorney. Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to 6 months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

I have read and understand this financial policy. I realize that I am responsible for all charges incurred by me at Robinson Chiropractic. I agree to the above terms and authorize Robinson Chiropractic to collect payment from me if it is not received within 90 days after the time of service.

Signature of Patient, or Patient's Guardian

Date

Neck Index

ACN Group, Inc. Form NI-100
ACN Group, Inc. Use Only rev 3/27/2003

Patient Name Date

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

Personal Care I have no pain at the moment.

I can look after myself normally without causing extra pain. The pain is very mild at the moment.

I can look after myself normally but it causes extra pain. The pain comes and goes and is moderate.

It is painful to look after myself and I am slow and careful. The pain is fairly severe at the moment.

I need some help but I manage most of my personal care. The pain is very severe at the moment.

I need help every day in most aspects of self care. The pain is the worst imaginable at the moment.

I do not get dressed, I wash with difficulty and stay in bed.

Sleeping

Lifting I have no trouble sleeping.

I can lift heavy weights without extra pain. My sleep is slightly disturbed (less than 1 hour sleepless).

I can lift heavy weights but it causes extra pain. My sleep is mildly disturbed (1-2 hours sleepless).

Pain prevents me from lifting heavy weights off the floor, but I can manage My sleep is moderately disturbed (2-3 hours sleepless).
if they are conveniently positioned (e.g., on a table). My sleep is greatly disturbed (3-5 hours sleepless).

Pain prevents me from lifting heavy weights off the floor, but I can manage My sleep is completely disturbed (5-7 hours sleepless).
light to medium weights if they are conveniently positioned. I can only lift very light weights. I cannot lift or carry anything at all.

Reading

Driving I can read as much as I want with no neck pain.

I can drive my car without any neck pain. I can read as much as I want with slight neck pain.

I can drive my car as long as I want with slight neck pain. I can read as much as I want with moderate neck pain.

I can drive my car as long as I want with moderate neck pain. I cannot read as much as I want because of moderate neck pain.

I cannot drive my car as long as I want because of moderate neck pain. I can hardly read at all because of severe neck pain.

I can hardly drive at all because of severe neck pain. I cannot read at all because of neck pain.

I cannot drive my car at all because of neck pain.

Concentration

Recreation I can concentrate fully when I want with no difficulty.

I am able to engage in all my recreation activities without neck pain. I can concentrate fully when I want with slight difficulty.

I am able to engage in all my usual recreation activities with some neck pain. I have a fair degree of difficulty concentrating when I want.

I am able to engage in most but not all my usual recreation activities because of neck pain. I have a lot of difficulty concentrating when I want.

I am only able to engage in a few of my usual recreation activities because of neck pain. I have a great deal of difficulty concentrating when I want.

I can hardly do any recreation activities because of neck pain. I cannot concentrate at all.

I cannot do any recreation activities at all.

Work

Headaches I can do as much work as I want.

I have no headaches at all. I can only do my usual work but no more.

I have slight headaches which come infrequently. I can only do most of my usual work but no more.

I have moderate headaches which come infrequently. I cannot do my usual work.

I have moderate headaches which come frequently. I can hardly do any work at all.

I have severe headaches which come frequently. I cannot do any work at all.

I have headaches almost all the time.

Neck Index Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Score

Back Index ACN Group, Inc. Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name Date

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

Personal Care The pain comes and goes and is very mild.

I do not have to change my way of washing or dressing in order to avoid pain. The pain is mild and does not vary much.

I do not normally change my way of washing or dressing even though it causes some pain. The pain comes and goes and is moderate. Washing and dressing increases the pain but I manage not to change my way of doing it. The pain is moderate and does not vary much.

Washing and dressing increases the pain and I find it necessary to change my way of doing it. The pain comes and goes and is very severe.

Because of the pain I am unable to do some washing and dressing without help. The pain is very severe and does not vary much.

Because of the pain I am unable to do any washing and dressing without help.

Sleeping

Lifting I get no pain in bed.

I can lift heavy weights without extra pain. I get pain in bed but it does not prevent me from sleeping well.

I can lift heavy weights but it causes extra pain. Because of pain my normal sleep is reduced by less than 25%.

Pain prevents me from lifting heavy weights off the floor. Because of pain my normal sleep is reduced by less than 50%.

Pain prevents me from lifting heavy weights off the floor, but I can manage. Because of pain my normal sleep is reduced by less than 75%.

if they are conveniently positioned (e.g., on a table). Pain prevents me from sleeping at all.

Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned. I can only lift very light weights.

Sitting

Traveling I can sit in any chair as long as I like.

I get no pain while traveling. I can only sit in my favorite chair as long as I like.

I get some pain while traveling but none of my usual forms of travel make it worse. Pain prevents me from sitting more than 1 hour.

I get extra pain while traveling but it does not cause me to seek alternate forms of travel. Pain prevents me from sitting more than 1/2 hour.

I get extra pain while traveling which causes me to seek alternate forms of travel. Pain prevents me from sitting more than 10 minutes.

Pain restricts all forms of travel except that done while lying down. I avoid sitting because it increases pain immediately.

Pain restricts all forms of travel.

Standing

Social Life I can stand as long as I want without pain.

My social life is normal and gives me no extra pain. I have some pain while standing but it does not increase with time.

My social life is normal but increases the degree of pain. I cannot stand for longer than 1 hour without increasing pain.

Pain has no significant affect on my social life apart from limiting my more I cannot stand for longer than 1/2 hour without increasing pain.

energetic interests (e.g., dancing, etc). I cannot stand for longer than 10 minutes without increasing pain.

Pain has restricted my social life and I do not go out very often. I avoid standing because it increases pain immediately.

Pain has restricted my social life to my home. I have hardly any social life because of the pain.

Walking

Changing degree of pain I have no pain while walking.

My pain is rapidly getting better. I have some pain while walking but it doesn't increase with distance.

My pain fluctuates but overall is definitely getting better. I cannot walk more than 1 mile without increasing pain.

My pain seems to be getting better but improvement is slow. I cannot walk more than 1/2 mile without increasing pain.

My pain is neither getting better or worse. I cannot walk more than 1/4 mile without increasing pain.

My pain is gradually worsening. I cannot walk at all without increasing pain.

My pain is rapidly worsening.

Score *Back Index* Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Neck Index

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ACN Group, Inc. Use Only rev 3/27/2003

Patient Name Date

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Pain Intensity

Personal Care I have no pain at the moment.

I can look after myself normally without causing extra pain. The pain is very mild at the moment.

I can look after myself normally but it causes extra pain. The pain comes and goes and is moderate.

It is painful to look after myself and I am slow and careful. The pain is fairly severe at the moment.

I need some help but I manage most of my personal care. The pain is very severe at the moment.

I need help every day in most aspects of self care. The pain is the worst imaginable at the moment.

I do not get dressed, I wash with difficulty and stay in bed.

Sleeping

Lifting I have no trouble sleeping.

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I have severe headaches which come frequently. I cannot do any work at all.

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HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a “friendly” version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff . You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manger or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to

conform to your request.

I, _____ date _____ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.