

Hot Springs Spine & Rehab

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P A T I E N T T O F I L L I N	PATIENT'S NAME _____			DATE _____
	HOME ADDRESS _____			
	CITY _____	STATE _____	ZIP _____	PHONE _____
	OCCUPATION _____		EMPLOYER _____	HOW LONG? _____
	BUSINESS ADDRESS _____		CITY _____	STATE _____ PHONE _____
	AGE _____	BIRTHPLACE _____	DOB _____	SEX _____ S/W/M/SEP/D _____
	SPOUSE _____		OCCUPATION _____	
	E-MAIL ADDRESS _____		SOCIAL SECURITY (PATIENT) _____	
	INSURED'S DOB _____		(SPOUSE) _____	
	INSURANCE INFORMATION			
	MAJOR MEDICAL: YES / NO _____		PERSONAL INJURY: YES / NO _____	
	MEDICARE: YES / NO _____		WORKMEN'S COMP: YES / NO _____	
	PATIENT'S STATEMENT OF PROBLEM: _____			

MAIN COMPLAINTS (What bothers you most?)

1. _____ DURATION: _____ RADIATION: _____
 _____ RELIEVES: _____ AGGRAVATES: _____
 _____ DESCRIPTION: _____
2. _____ DURATION: _____ RADIATION: _____
 _____ RELIEVES: _____ AGGRAVATES: _____
 _____ DESCRIPTION: _____
3. _____ DURATION: _____ RADIATION: _____
 _____ RELIEVES: _____ AGGRAVATES: _____
 _____ DESCRIPTION: _____
4. _____

MORNING: BETTER / WORSE _____

NIGHT: BETTER / WORSE _____

PAST DIAGNOSIS: _____

PAST TREATMENTS: _____

MEDICATIONS TAKEN TODAY: _____

DATE OF LAST MENTRUAL CYCLE: _____

DOCTOR'S REMARKS _____

(PLEASE CIRCLE ONE OF THE BELOW PLANS FOR PAYMENT)

INSURANCE

IF YOU WISH, WE WILL BE GLAD TO ACCEPT ASSIGNMENT FROM YOUR INSURANCE CARRIER. IN DOING SO, WE WILL FILE YOUR CLAIMS WITHOUT CHARGE AND WILL WAIT FOR PAYMENT FROM THE CARRIER. IF YOU DO CHOOSE FOR US TO DO THIS SERVICE, WE MUST REQUIRE THE FOLLOWING:

1. WE MUST HAVE ALL THE PERTINENT INSURANCE INFORMATION IN OUR OFFICE ON YOUR FIRST VISIT. (INCOMPLETE PROCESSING OF INFORMATION CAN RESULT IN DELAYS AND COULD RESULT IN YOU HAVING TO PAY MORE THAN NECESSARY).
2. MOST MAJOR MEDICAL POLICIES PAY CHIROPRACTIC CLAIMS AT 80%. THE REMAINDER OF THE CHARGES IS YOUR RESPONSIBILITY. PAYMENT OF THESE CHARGES MUST BE KEPT CURRENT WEEKLY.

WHILE WE DO OFFER THE SERVICE OF FILING YOUR CLAIMS AND WAITING FOR PAYMENT, WE DO REALIZE THAT YOUR INSURANCE CONTRACT IS BETWEEN YOU AND YOUR INSURANCE CARRIER, YOUR BILL WILL BE YOUR RESPONSIBILITY. IF YOU DO NOT WISH FOR US TO ACCEPT ASSIGNMENT ON YOUR INSURANCE, PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

"I AUTHORIZE THE COURNEY CHIROPRACTIC CLINIC TO RELEASE MEDICAL INFORMATION THAT MAY BE NECESSARY TO REQUEST CLAIM REIMBURSEMENT FROM INSURANCE COMPANIES TO WHOM I HAVE SUBMITTED A CLAIM. I ALSO ASSIGN THE CLAIM PAYMENTS TO BE MADE PAYABLE TO THE COURNEY CHIROPRACTIC CLINIC. I UNDERSTAND THE CLINIC WILL REFUND TO ME PROMPTLY ANY OVERPAYMENT ON MY ACCOUNT. THIS AUTHORIZATION AND ASSIGNMENT MAY BE REVOKED BY ME AT ANY TIME BY WRITTEN NOTICE.

X PATIENT _____ **X** DATE _____

IF THE PATIENT IS A MINOR, THEN A PARENT OR GUARDIAN MUST SIGN BELOW, AUTHORIZING MEDICAL SERVICE AND ASSUMING FINANCIAL RESPONSIBILITY FOR THE PATIENT.

PARENT/GUARDIAN _____ DATE _____

(2) MEDICARE

WE DO NOT ACCEPT ASSIGNMENT ON MEDICARE BUT WE WILL BE GLAD TO FILE YOUR CLAIMS. IT IS OUR POLICY THAT MEDICARE PATIENTS PAY US AT THE TIME OF EACH VISIT.

(3) NON-INSURANCE PATIENTS

PAYMENT OPTIONS:

1. PAYMENT AT THE TIME OF EACH VISIT. WE ACCEPT CASH, CHECK, MONEY ORDER, OR VISA, MASTERCARD CHARGE CARDS.
2. SHOULD YOU WISH TO BE BILLED SO THAT YOU CAN MAKE MONTHLY PAYMENTS ON YOUR ACCOUNT, IT WILL BE NECESSARY FOR YOU TO FILL OUT THE ATTACHED CREDIT APPLICATION.

MONTHLY STATEMENTS

WE DO NOT SEND MONTHLY STATEMENTS FROM OUR OFFICE. SHOULD YOU WISH TO PAY MONTHLY, YOU WILL NEED TO READ AND COMPLETE THE ATTACHED CREDIT APPLICATION FORM.

"I AGREE TO THE ABOVE CIRCLED PLAN OF PAYMENT WHICH WAS CHOSEN BY ME AND PERSONALLY AGREED TO BY MY SIGNATURE BELOW."

PATIENT _____ DATE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____

PHONE

RELATIONSHIP

Informed Consent

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-ray taking, physical therapy application, traction, massage therapy, exercise instruction, etc. Occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

Stroke: Stroke is the most serious problem associated with chiropractic adjustments. Stroke means that a portion of the brain 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. Chiropractic adjustments have been associated with strokes that arise from the vertebral artery only; this is because the vertebral artery is actually found inside the neck vertebrae. The adjustment that is related to vertebral artery stroke is called the "extension-rotation-thrust atlas adjustment". We do not do this type adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. The most recent studies (Journal of the CCA, Vol 37 No. 2, June, 1993) estimate that the incident of this type of stroke is 1 per every 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.

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, traction, etc. This includes both in the neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely surgery may become necessary for correction. Rarely chiropractic adjustments may also cause a disc problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy etc., may tear

