PNW Chiropractic Clinic - New Patient Paperwork

Welcome! I want to acknowledge you for taking action towards achieving what you want for yourself, with your health and your life. This visit is all about you - it's about your health concern(s), the problem(s) causing your health concern(s) and the negative impact your health concern(s) is/are having on your life. There are several important questions you need to answer. The more specifically you can answer these questions, the better you will understand your health concern(s), the better you will understand the problem(s) causing your health concern(s) and the more you will get out of your chiropractic care.

Date:_____ Name:_____ Birth Date:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN:_____ Email:_____ Phone#:_____

Height:_____ Weight:_____ | underweight | just right | overweight |

#1 reason for your office visit? _____

Severity of symptom (0-10; 10 = worst)_____ Intermittent, Frequent or Constant

What makes it better? _____ worse?_____

When and how did it start?_____

#2 reason for your office visit?_____

Severity of symptom (0-10; 10 = worst)_____ Intermittent, Frequent or Constant

What makes it better? _____ worse?_____

When and how did it start?_____

What have you tried in the past for this?_____

Have you been in any car crashes? YES or NO If yes, how many and year(s)?_____

Who may we thank for referring you? _____

How do you want appointment reminders? TEXT EMAIL BOTH

Is there any other information that you may think would be helpful for Dr. Bigge to know about your health? _____

_____

_____

PNW Clinic dba PNW Chiropractic Clinic
Cameron Bigge DC

1809 Commercial Ave Suite 208
Anacortes, WA 98221

Consent for Care

I voluntarily consent to receiving and participating in my care that Cameron Bigge, D.C./PNW Chiropractic Clinic recommends for me, including all treatments and diagnostic procedures. I understand that I am under the care and supervision of an attending chiropractic physician in the state of Washington, and it is the responsibility of the PNW Chiropractic Clinic team to carry-out their instructions. I further acknowledge that by initiating and participating in care with PNW Chiropractic Clinic, I have been informed of and understand all the risks (which includes rarely, but not limited to, injury, fractures, disc injuries, strokes, and strain/sprains), benefits, and reasonable alternatives to the care prescribed to and elected by me.

Results: My care with the PNW Chiropractic Clinic team involves clinical judgments and decisions made by the providing Doctor of Chiropractic. The decisions made by the PNW Chiropractic Clinic team are based on facts and information about me and are decisions given to provide care that is within my best interest. I understand that my decisions primarily influence my results. If I don't show up, Dr. Bigge isn't able to provide care. Just as with any health and wellness care, my results are neither guaranteed nor implied.

Pregnancy notice (for women only, please check one): I understand that it is important for my providers to know my pregnancy status. I also understand the "28 day rule" which defines that radiological examination, if so justified, can be carried throughout the cycle until a period is missed. If there is a missed period, a female should be considered pregnant unless proved otherwise. In such a situation, every care should be taken to explore other methods of getting needed information by using non-radiological examinations. To the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this time. Date of last menstrual period was:_____
I am currently pregnant, or suspect I am pregnant: | Yes | No |

Missed Appointment Fee: If you schedule an appointment and you do not show up for the appointment, a $50 charge will be applied to your account. A bill will be sent to you by mail.

The signatures below confirm that the above document has been reviewed and fully understood. I sign this document without reservation, question, or concern.

Patient's printed name:_____
Patient or authorized signature:_____ date:_____
Relationship to patient (if authorized signature):_____

We protect your privacy

Protecting your personal health information and privacy is important to us. This document describes how information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures for the purposes of treatment, payment, or practice operations will be made only after obtaining your consent. You may request restrictions on disclosures by submitting a request in writing to our staff.

Disclosures of protected health information are limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the transfer or medical records for treatment. You may inspect and receive copies of your health records. We will supply your records within thirty (30) days of your request. There may be a reasonable cost-based fee for photocopying, postage, and preparation. We maintain a history of protected health information disclosures that are accessible to you.

In the future, we may periodically contact you for appointment reminders, announcements, electronic-mail (e-mail) newsletters, newsletters, text messaging and to inform you about PNW Clinic and its team members. Medicare and Medicaid Consent to Release Information (if applicable to you): By initiating or participating in care with PNW Clinic you certify that the information given by you in applying for payment under Title XVIII and/or Title XI of the Social Security Act is correct and true.

You further authorize any holder of medical or other information about you to release to the Social Security Administration, or its intermediary carriers, any information needed for your Medicare claim. Our practice is required to abide by this notice. We have the right to change this notice at any time, and any revisions will be prominently displayed in a clearly visible location within our office. You may file a complaint about privacy violations by contacting our Director of Financial Services in writing that explains the context of the violation, and submitting it to: PNW Clinic dba PNW Chiropractic Clinic 1809 Commercial Ave. Suite 208 Anacortes, WA 98221. The effective date of this Notice of Information Practices is August 26th 2019.

Patient/Authorized representative initials:_____ Date:_____

Insurance, Medicare and Non-Insurance Patient Information - Please Read

Insurance Patients: Do you know your chiropractic insurance coverage details; # of visits per year, deductible, co-pay, co-insurance, physical therapy procedures performed by a chiropractor, extremity adjustment coverages? If you don't, please go online or call your insurance company at your earliest convenience. Your policy is a contract between you and your insurance company. We will do our best to find, understand and share the details of your insurance policy and chiropractic benefits to the level at which we have access to your insurance policy information. As a courtesy, PNW Chiropractic Clinic will submit bills to your insurance company. If you have billing questions/concerns please call your insurance company. The insurance company has the right to refuse payment for any reason they want. You have final responsibility for payments of your bills. All copays are due at time of service, please.

Medicare Patients: Medicare does not pay for everything, even some care that you or your healthcare provider have good reason to think you need. Medicare only pays some/partial/all of the fee for Chiropractic Manipulation (Adjustments) of the Spine as specific to your health insurance policy. All other necessary procedures performed are charged at Time of Service prices.

Non-Covered Services: All services other than Spine Adjustments are not covered by Medicare when ordered or performed by a Doctor of Chiropractic. Medicare does not require Chiropractors to bill these non-covered services. The following are services that, when performed by a Chiropractor, are excluded from Medicare coverage: X-Rays, Physical Therapy/Manual Therapy, Mechanical Traction, Durable Medical Equipment/Supplies, Nutritional Supplements and counseling, New Patient and Established Patient Evaluation Office Visits, and Chiropractic extremity adjustments, which includes the TMJ, upper and lower extremities, rib cage, and abdomen.

Medicare Patient Signature:_____

Non-Insurance Patients:

Non-Insurance Fee (Average Insurance Fee)

CPT code 99202

> New Patient Evaluation and Management; Low severity, Straightforward, Expanded Problem Focused - **$80** ($99.86)

CPT code 99203

New Patient Evaluation and Management; Moderate severity, Low complexity, Detailed - **$120** ($143.26)

CPT code 98941

Chiropractic Spine Adjustment - **$42** ($40.04)

CPT code 98943

Chiropractic Extremity Adjustment - **$22** ($27.19)

CPT codes 97140/97110/97112/97530

Physical Therapy performed by a Chiropractor - **$32** ($31.72)

CPT code 97012

Mechanical Traction of the Spine (Decompression) - **$22** ($15.72)

CPT code 99212

Established Patient Evaluation and Management; Low severity, Straightforward, Expanded Problem Focused - **$60** ($56.73)

CPT code 99213

Established Patient Evaluation and Management; Moderate severity, Low complexity, Detailed - **$100** ($95.71)

X-Rays can be taken at PNW Chiropractic Clinic and they are **$40** per x-ray.

Payment is due at Time of Service. If you can't pay today, reschedule your appointment for a day that you have the money. New patient appointments range from $100 to $250, which includes history, physical evaluations, appropriate treatments for your physical afflictions, as well as for the doctor's time and expertise, staff time and work.

Purchase 10 visits at a time and receive 10% off.

If you understand the **Insurance, Medicare and Non-Insurance Patient Information**, write your name, sign and date please.

Name: _____

Signature: _____ Date: _____