Welcome to... THE SPINE WORX Registration

Name: _____Birthdate: _____/_____/_____

Address: _____City _____ St _____ Zip _____

Phone:(_____)_____-_____ Cell:(_____)_____-_____Email:_____

How did you hear about us? Give us a name!

- ☐ A Friend _____
- ☐ My Doctor _____
- ☐ My Work _____
- ☐ Drive by / saw the sign
- ☐ Internet
- ☐ Other

What is your reason for coming here?_____

THERE ARE **2 SIDES** TO THIS PAGE!!! READ AND SIGN ***BOTH SIDES***!!!

Our goal: to provide the highest quality Chiropractic care at the lowest possible fee. To do this, we have adopted specific business practices to keep your costs down. To receive care here, you must acknowledge and agree to abide by the following:

#1 You will pay for services in full each day. Any overdraft fees will be paid immediately;

#2 You will complete and sign a 'travel sheet' every visit. No sheet, no service;

#3 The Spine Worx, LLC, or its doctors or staff, will NOT participate in any insurance issue in any way;

#4 The Spine Worx, LLC, or its doctors or staff, will NOT complete any forms or paperwork (i.e. FMLA, disability, etc.);

#5 The Spine Worx, LLC, or its doctors or staff, shall not be required to acknowledge, respond to, or fulfill any third party information requests made on your behalf, i.e. "Authorization of Release of Records" from insurance companies, doctors, lawyers, employers, and;

#6 We will hand only YOU (or your guardian with ID) a copy of your records and X-rays at any time after the appropriate release form is completed and copy fee is paid;

Refusal to accept and abide by the above stated rules
will result in dismissal from care at The Spine Worx, LLC.

PLEASE SIGN AND DATE HERE

_____ _____/_____/_____
SIGNATURE **DATE**

READ AND SIGN THE BACK OF THIS PAGE.

THE SPINE WORX

Terms of Acceptance and Informed Consent

Please read and ask questions before signing.

Here at The Spine Worx, when a patient seeks chiropractic care or acupuncture, and the patient's case is accepted, it is essential for both parties to be working toward the same objective.

At The Spine Worx, no offer is made to diagnose or treat any disease or condition other than vertebral subluxation or qi blockage. Regardless of what a disease is called, no offer is made to treat a named disease. If during the course of analysis and examination, unusual non-chiropractic / acupuncture findings are encountered, you will be advised. If you desire advice, diagnosis, or treatment for those findings, it is recommended that you seek the services of a health care provider that specializes in that area. You have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. No offer is made for the advice regarding treatment prescribed by others. Our only practice objective is to correct vertebral subluxation with chiropractic adjustments or facilitate the flow of qi with acupuncture.

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

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

ADJUSTMENT: The specific application of forces to facilitate the body's correction of vertebral subluxation. The method of correction used is by specific adjustments of the spine.

ACUPUNCTURE: The ancient oriental art and science of inserting *extremely* fine needles into the body to open and unblock energy or what the Chinese call *qi* to promote health. Acupuncturists may also use low voltage electrical instruments to stimulate acupuncture points. Acupuncture points are stimulated in such a way as to increase, decrease, or even redirect the flow of qi energy in the body. This is a very simple explanation for the complex process that takes place in the body during acupuncture.

MASSAGE THERAPY: Is the application of massage techniques on the human body and includes: (A) the use of touch, pressure, percussion, kneading, movement, positioning, nonspecific stretching, stretching within the normal anatomical range of movement, and holding, with or without the use of massage devices that mimic or enhance manual measures; and (B) the external application of heat, cold, water, ice, stones, lubricants, abrasives, and topical preparations that are not classified as prescription drugs; and does not include: spinal manipulation, diagnosis, or prescribing drugs.

As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. A rare but serious condition known as an "arterial dissection" caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache and a percentage of these patients will experience a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not and have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. The reported association between chiropractic visits and stroke is very rare and estimated to be related in one in one million to one in two million cervical adjustments.

Medicare Policy & Eligibility Notice

The Spine Worx, LLC is not enrolled in and does not participate in the Medicare program. The clinic does not provide Medicare-covered chiropractic services to Medicare beneficiaries.

By signing below, the patient attests, to the best of their knowledge, that they are not a Medicare beneficiary and understands that services at this clinic are provided only on a private, self-pay basis. The Spine Worx, LLC reasonably relies on this attestation and does not independently determine Medicare eligibility.

By signing this form, you are stating that:

⇒ You have read and understand the information regarding the practice of chiropractic and acupuncture at this clinic;
⇒ You seek and accept care at this clinic based on the detailed information above;
⇒ You authorize the release of any information necessary to obtain payment for services;
⇒ You are financially responsible for all services rendered;

Signature of Patient, Parent, or Legal Guardian

Date

SPINE WORX

GOOD FAITH ESTIMATE

PATIENT NAME:_____
PATIENT DATE OF BIRTH:_____
(PRINT CLEARLY!)

In compliance with 45 CFR 149.610 (the "No Surprise Act—Provision for good faith estimates of expected charges for uninsured (or self-pay) individuals"), you are being provided with a "Good Faith Estimate" (GFE) of expected charges in connection with your care at our facility today.

This is not a contract and does not require you to obtain the items or services described below. This is only an estimate regarding items or services reasonably expected to be furnished at the time the good faith estimate is issued, however the actual items, services, or charges may differ from the good faith estimate and there may be additional items or services as part of the course of care that must be scheduled or requested separately and are not reflected in this good faith estimate;
You have the right to initiate a patient-provider dispute resolution process with the U.S. Department of Health and Human Services ***IF*** the actual billed charges **are $400 or more** than the expected charges included in this Good Faith Estimate.
The Spine Worx is a CHIROPRACTIC facility and our only focus is on the detection, analysis, and correction of the **Vertebral Subuxation Complex (VSC)**. To date, there is NO diagnosis code found in the International Classification of Diseases specifically for VSC. As such, the **DIAGNOSTIC CODE** set used pertaining to this GFE are **M99.00-M99.08** ("Biomechanical lesions, not elsewhere classified").
The services for your first evaluation include:

CPT Code	Description	Fee
99202	Problem-focused evaluation	52.00
72040, 72070, and/or 72100	Radiographic Evaluation (X-rays) consistent with your clinical presentation.	40.00 *per area*
98940, 98941, or 98942	Chiropractic Adjustment consistent with your clinical presentation	20.00
	TOTAL COST FOR TODAY	**112.00**

These services are provided by the doctors and staff of
The Spine Worx
14 Professional Court, Lafayette, Indiana, 47905. (765) 446-0000.

NPI 1548467640, EIN 26-0247483.

In signing this document, you affirm that you have read and understand the information contained in this document.

Your Signature:_____Today's Date:_____

TELL US ABOUT YOU...

Name:_____Signature_____ Date of Birth ___/___/___

#1 Details about your problem.

When did it start?

What caused it?

- ❑ Overexertion
- ❑ Abnormal Posture
- ❑ Car Accident
- ❑ Repetitive Activity
- ❑ Lifting
- ❑ Fall/Slip/Trip
- ❑ OTHER

How does it feel?

- ❑ Aching Pain
- ❑ Sharp
- ❑ Burning Pain
- ❑ Shooting
- ❑ Cramping
- ❑ Stiffness
- ❑ Dull Ache
- ❑ Throbbing
- ❑ Numbness
- ❑ Tingling

What makes it better?

- ❑ Rest
- ❑ Movement/Exercise
- ❑ Heat
- ❑ Cold / Ice Packs
- ❑ Wrapping / Support
- ❑ Changing Position
- ❑ Other
- ❑ Nothing

What makes it worse?

- ❑ Cough/Sneeze/BM
- ❑ Lift/Bend/Push/Pull
- ❑ Drive/Ride/Sit
- ❑ Walk/Run/Stand
- ❑ Changing Position
- ❑ Other

WOMEN ONLY: Last Menstrual Period:

Birth Control? YES NO

#1 Continued

Any Prior Treatment?

- ❑ Medical Care/Drugs
- ❑ Physical Therapy
- ❑ Surgery
- ❑ Massage Therapy
- ❑ Acupuncture
- ❑ Chiropractic
- ❑ None

Are you taking medications?

- ❑ Ibuprofen
- ❑ Tylenol
- ❑ Aspirin
- ❑ None
- ❑ Prescriptions (list)
- ❑ Herbs (list)

Have you had previous surgeries? Please list :

Please list previous serious injuries — include date, site of injury, and any treatment received.

Please list any chronic health care conditions (diabetes, high blood pressure, etc.)

#2 Have you had...? (Mark all that apply.)

- ❑ Change in bowel or bladder function recently
- ❑ Fever for the previous10-14 days
- ❑ History of cancer
- ❑ Recurrent infections
- ❑ Unexplained weight loss
- ❑ Inner thigh numbness or weakness of arms or legs
- ❑ Prolonged use of corticosteroids
- ❑ History of stroke, TIA, or blood vessel disease

NOTES:_____

_____

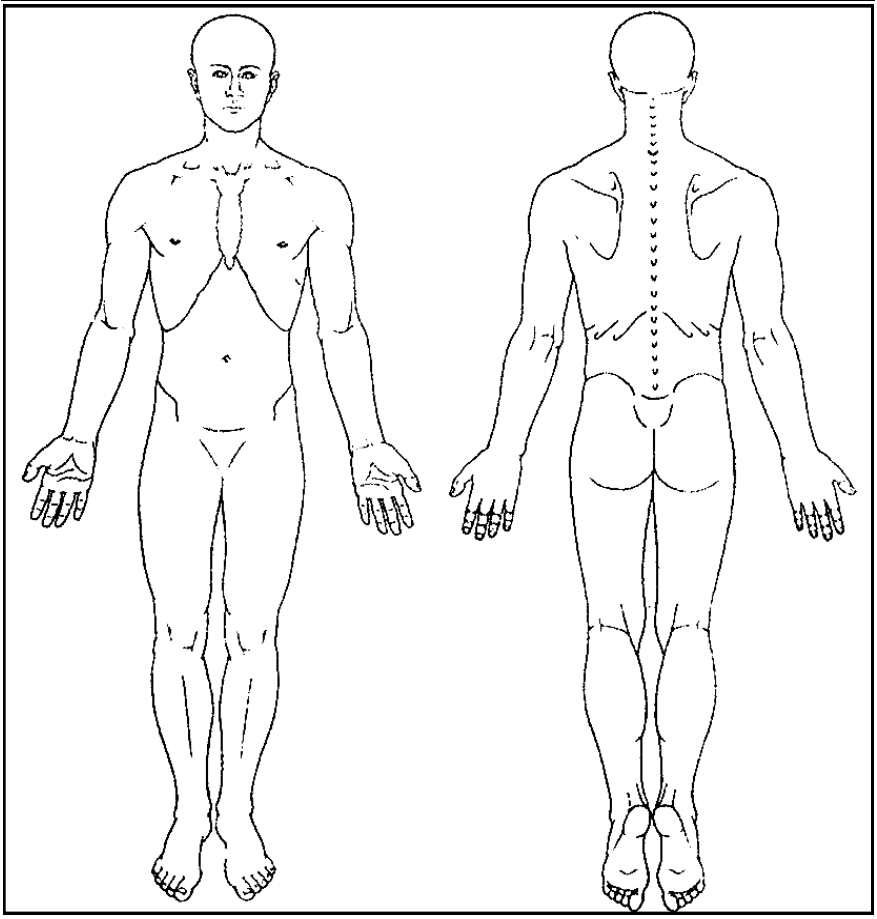
_____

Have you had, or do you currently suffer from any of the following problems? Please CIRCLE the ones that apply to you.

Fatigue, Fevers, Weight Change	❑ YES	❑ NO
Headaches, migraines, Dizziness	❑ YES	❑ NO
Sleep disturbance	❑ YES	❑ NO
Vision Changes	❑ YES	❑ NO
Sinus problems, Allergies	❑ YES	❑ NO
Adenoid, tonsil problems, Throat Problems	❑ YES	❑ NO
Hearing problems	❑ YES	❑ NO
Earaches	❑ YES	❑ NO
Neck Pain	❑ YES	❑ NO
Shoulder problems, Elbow Problems, Hand Problems,	❑ YES	❑ NO
Thyroid disorder	❑ YES	❑ NO
Asthma, Chronic cough, lung disorder	❑ YES	❑ NO
Midback Pain	❑ YES	❑ NO
Gallbladder problems, Anemia, Liver Problems	❑ YES	❑ NO
Nausea, heartburn, Indigestion, bloating	❑ YES	❑ NO
Diabetes or Hypoglycemia	❑ YES	❑ NO
Chronic Infections, Lowered Resistance	❑ YES	❑ NO
Kidney problems, Skin Disorders	❑ YES	❑ NO
Low back problems, Disc problems, Hip, leg, or foot pains	❑ YES	❑ NO
Bladder troubles, Urinary Problems Menstrual Disorders, Female Problems ED, prostate problems	❑ YES	❑ NO
Sciatica, Hemorrhoids, Cold feet, Restless legs, circulation problems	❑ YES	❑ NO
Cancer, Osteoporosis	❑ YES	❑ NO

INSTRUCTIONS: Circle on the body where your problems are and use the symbols to show what type of pain you feel.

DULL / ACHE	SHARP / STAB	NUMB / COLD	BURN	TINGLE
XXXXX	\ \ \ \ \	- - - - -	# # #	:::::::



What other health information we should know about?

_____

_____

_____

_____

Printed Name:_____

Signature:_____

Date:_____