

Michael J. Meehan, DC • Justin M. Hejny, DC • Andrew J. Kritzer, DC

Meehan Chiropractic and Wellness

3315 Springbank Lane, Suite 304

Charlotte, NC 28226

Phone: 704.544-6711

Fax: 704.544-6710

www.MeehanChiropracticandWellness.com

Please fill out the forms in as much detail as possible. **We do not charge for an initial consultation but we do charge for any examinations, x-rays or lab work performed on the initial visit.**

Chiropractic Adjustments are the only service covered by Medicare. We are a Medicare provider and do accept assignment for Medicare patients.

We require 24 hour notice for missed appointments. If you miss an appointment without notice we reserve the right to charge for the complete visit.

I am requesting:

_____ The most minimal amount of care to “patch up the symptoms” of my problem.

_____ I am looking to resolve my symptoms and then go on to “fix the cause” of my problems.

_____ I want to take care of my problem and then go on to “achieve optimal health and wellness.”

Name (Printed): _____ Signature _____ Date _____

Meehan Chiropractic and Wellness

Patient Medical History

Patient Name: _____ Date: _____

What is your *major* complaint? _____

Do you have other complaints? _____

When did your *major* complaint first begin? _____

Has this condition ever occurred before? _____ If yes, when? _____

Is condition related to ___ Auto accident? ___ Work? ___ Fall? ___ Other? Please explain other: _____

Other doctors seen for this condition? _____

What aggravates your condition? _____

What have you done that makes it better? _____

What have you done that makes it worse? _____

Is this condition interfering with ___ work? ___ sleep? ___ daily routine? ___ other? Explain other: _____

Which activities are difficult to perform? ___ sitting ___ standing ___ walking ___ bending ___ lying down ___ other

Type of pain? ___ sharp/shooting ___ dull ache ___ numbness ___ burning ___ tingling ___ cramps ___ stiffness ___ other

Radiation of pain into: ___ right arm ___ left arm ___ both ___ right leg ___ left leg ___ both

Rate the severity of your pain (1=mild pain or discomfort, to 10=severe pain): 1 2 3 4 5 6 7 8 9 10

Is the pain constant or does it come and go? _____

How long has it been since you really felt good? _____

Health History – Check only those conditions which are applicable:

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Cancer	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Pins & Needles
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Fractures	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Prostate Problems
<input type="checkbox"/> Allergies	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Loss of Smell/Taste	<input type="checkbox"/> Psychiatric Care
<input type="checkbox"/> Anemia	<input type="checkbox"/> Cold Hands/Feet	<input type="checkbox"/> Headaches	<input type="checkbox"/> Memory Loss	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Concentration Loss	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Ringing in Ears
<input type="checkbox"/> Arm Pain, R/L	<input type="checkbox"/> Depression	<input type="checkbox"/> Heart Palpitation	<input type="checkbox"/> Nausea	<input type="checkbox"/> Sensitivity to Light
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heavy Feeling Head	<input type="checkbox"/> Neck Motion Restricted	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Herniated Disc	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shoulder Pain
<input type="checkbox"/> Back Pain Stiffness	<input type="checkbox"/> Digestive Trouble	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Numbness	<input type="checkbox"/> Sinus Trouble
<input type="checkbox"/> Upper_Mid_Low	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Jaw Pain	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Stroke
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Leg Pain, R/L	<input type="checkbox"/> Pain Behind Eyes	<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Bruises	<input type="checkbox"/> Fainting	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Pinched Nerve	<input type="checkbox"/> Other _____

Dates of last exams _____

(Women) Are you pregnant? ___ Yes ___ No Nursing? ___ Yes ___ No Taking birth control pills? ___ Yes ___ No

Have you been treated for any other health condition by a physician in the last year? _____

Describe: _____

What medications or drugs are you taking? _____

What operations have you had? _____ When? _____

Other: _____

Daily Habits

What type of exercise do you perform on a daily basis? ___ None ___ Moderate ___ Heavy

What do your daily work habits include? (ex: sitting, standing, light labor, heavy labor, computer work)

Please explain: _____

What vitamins do you currently take? _____

What kind of other nutritional supplements do you take (if any)? _____

Do you smoke? ___ Yes ___ No How many per day? _____

How much liquor do you consume on a weekly basis? _____

How much coffee or caffeinated beverages do you consume on a daily basis? _____

Meehan Chiropractic and Wellness

CONSENT TO CARE

A patient coming to the doctor gives him/her permission and authority to care for the patient in accordance with appropriate tests, diagnosis and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases underlying physical defects, deformities or pathologies may render the patient susceptible for injury. The doctor, of course, will not provide specific healthcare, if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illness or deformities which would otherwise not come to the attention of the physician.

I have read the foregoing and understand it.

Patient's Signature

Date

X-RAY QUESTIONNAIRE FOR WOMEN ONLY

Our consultation and examination may indicate that x-rays are necessary to accurately diagnose and analyze your spinal condition. Should x-rays be necessary we would like to confirm that you are not pregnant at this time.

Name: _____

- There is a possibility that I may be pregnant at this time.
- Yes, I am definitely pregnant.
- No, I am definitely not pregnant at this time.
- I request that x-ray films not be taken because _____

Date of last menstrual period: _____

Patient's Signature

Date

Meehan Chiropractic and Wellness

Financial Policies

1. Payment for services is expected at the time services are rendered.
2. If the patient has third party insurance, we will bill the insurance for their estimated portion. The patient will be responsible for payment of the deductible, co-payment, and/or co-insurance at the time services are rendered.
3. A patient's insurance will be verified, however verification is not a guarantee of payment. The patient will be responsible for any charges not covered by the insurance.
4. By the third visit, we will prepare a treatment plan that estimates the total charges, including the patient portion, for the course of the patient's treatment.
5. If a charge is determined noncovered by the insurance carrier through the insurance verification, payment is expected at the time service is rendered.
6. We will bill the patient's third party insurance when we are both in-network and out-of-network only if the patient has signed an assignment of benefits form.
7. We will bill the patient's insurance 2 times within a 45 day period. If no response from the insurance, the patient will be responsible for the balance.
8. When the doctors are in-network with the patient's insurance, the patient will be charged their portion of the benefits at the time service is rendered. Any non-covered charge will be billed to the patient if denied by the insurance. Otherwise, the patient will only be responsible for their portion of the charges.
9. If the doctors are out-of-network with the patient's insurance, we will estimate the patient's co-insurance portion, however we expect payment in full at the time of service unless other arrangements have been made.
10. We will bill the patient for any unpaid patient portion after the insurance has made final payment. The patient will receive a minimum of three statements requesting payment. After a final notice is sent, the account will be turned to a bad debt collection agency.
11. The bad debt collection agency will report any unpaid balance to the credit bureau.
12. If we need to hire an attorney to recover any unpaid balances, all legal fees associated with such balance will be your responsibility.
13. A charge of \$25 will be made for the copying of any patient medical records.
14. Patient pre-payments... At the time of pre-payment, a 10% discount will be applied to the Doctor's associated charges. We cannot discount copays with contracted insurance companies. Records will be maintained which indicate how many visits have been applied to the pre-payment plan. This record will be available to the patient at the patient's request.
15. Payment plans: A patient may choose a monthly payment plan. The appropriate amount will be determined. If the patient discontinues care, payment in full is due.

Meehan Chiropractic and Wellness

Personal Injury Financial Policies

1. If the patient has medpay with no attorney, we will bill the medpay of the person at fault first, then the patient's medpay. If the medpay has not paid after 120 days of being released from treatment, the balance of the account will be the patient's responsibility
2. If the patient has an attorney, we will bill the attorney at the time the treatment plan is completed and the patient is released from care.
3. Payment for any services, supplies, or equipment utilized by the patient which are not a result of the accident will be expected at the time the service, supply or equipment are rendered/ordered.
4. If a patient receives payment from a medpay carrier or attorney for services rendered at our facility without payment of our bill, the account will be turned to a collection agency within 30 days upon notification of the payout.
5. The State of North Carolina has a 3 year statute of limitations with all auto accidents beginning on the date of accident. If the balance has not been paid by the end of those 3 years, balance is then the patient's responsibility and is due immediately.

Medicare Recipient Financial Policies

1. Medicare does not pay for maintenance visits. Once a patient's treatments have been determined to be maintenance, the patient will be responsible for the entire visit balance, at the approved Medicare rates.
2. Medicare will pay for the chiropractic adjustment only. In addition, they will only pay for an undefined number of treatments. Once Medicare has stopped paying for adjustments, the patient will be billed the for the balance due at the appropriate Medicare rate.

Patient Signature: _____

Date: _____

Meehan Chiropractic and Wellness

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand and have been provided with a Notice of Privacy Practices for Protected Health Information Practices that provides a more complete description of information uses and discloses. I understand that I have the following rights and privileges:

The right to review the notice prior to signing this consent.

The right to object to the use of my health information for directory purposes, and

The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

Patient Signature

Date

Witness

Date