K~CANN *Kukurin Chiropractic Acupuncture & Nutrition Network*

RE: New patient paperwork.

Thank you for attending to this paperwork prior to your scheduled appointment at our office. Some of the requested information is required by us to help us provide you with *"world class"* health care. Some of the other paperwork is a requirement of various governmental agencies. Fill out the enclosed forms "as best as you can," if you have questions we'll answer them at the time of your appointment. This file should contain the following...

1. An intake & medical history form (4 pages, fill out and return to us)
2. A Functional Rating Index (1 page, fill out and we will calculate)
3. A Risk versus Benefit analysis (2 pages, read and keep)
4. HIPPA Notice (Government Requirement 1 Page sign and return to us)
5. Financial Policy/Agreement: (4 pages Fill in appropriate sections / return)
6. Request for medical records release**

** If you have had recent x-rays, MRIs, CT-Scans and /or Blood Work please fill out this form. You will need to make copies of this form (one for each location) that did your examination. For example: if you had x-rays at Valley Radiology you should fill out a records request for Valley Radiology. If you had an MRI at Simon Med for example, a separate medical records request would be needed for us to access your records from Simon Med.

We understand that paperwork is annoying and unpleasant, but we ask you for all this information so we may provide you with the best, most efficient, safe and effective health care available anywhere. <u>That is always our goal!</u>

Remember to fill in these form to the best of your ability, any questions can be answered at the time of your visit with us. This is the very first step in a process that designed to help you restore your health.

Thank you for your understanding.

The Doctors and Staff of
K~CANN

Welcome to Kukurin Chiropractic Network

You made the right choice

Our office is rated one of the top chiropractic offices in America by the Consumers Research Council of America
We were voted one of the top ten offices by Who's Who of Medicine
And we have been named as one of American's Leading Professionals by Who's Who

We are very thorough, please take the time to complete this comprehensive health information booklet. We take your health seriously.
~Dr George W. Kukurin

Administrative Information

Name _____ Age Birthday

Address _____ Box _____ Social Security # - -

City _____ State _____ Zip _____ Marital Status: single married separated widowed divorced

eMail _____ @ _____ Spouses Name, if applicable

Phone # Cell _____ Home _____ _____

Work _____

How many children ? _____

Preferred method of contact [ ] cell [ ] work [ ] home [ ] eMail

Referral Information: How did you find out about our office?

[ ] Hospital [ ] Specialist [ ] Family Doctor [ ] Current patient _____ [ ] Insurance Book

[ ] Self referred [ ] Saw news about the office on television [ ] Read about the office in newspaper [ ] Radio

[ ] Yellow Pages [ ] Newsletter [ ] Mailer [ ] Internet [ ] Other _____

Work Information

[ ] Retired / currently unemployed / stay-at-home mom

Check all that apply concerning your job

Name of employer _____

[ ] computer work [ ] desk work [ ] prolonged sitting

Location _____

[ ] stress/pressure [ ] shifts exceed 8 hours [ ] standing

Supervisor _____ phone number _____

[ ] lifting [ ] bending [ ] twisting [ ] reaching

[ ] exposed to chemicals [ ] exposed to smoke

Insurance Information

Please let us copy your insurance card

[ ] currently uninsured [ ] Blue Cross/Shield [ ] United Healthcare [ ] Aetna [ ] Cigna [ ] UPMC [ ] Medicare
[ ] Health America [ ] Highmark [ ] Health America [ ] Other

Did you get hurt at work? No /Yes Describe the incident and provide the date _____

Did you report the work injury? Yes/ No _____

Did you get hurt in an auto accident? No / Yes _____

_____

Were you the [ ] driver [ ] passenger were others in the car with you? No /Yes

Please continue on the next page>>>>>

Check all that apply	Where	How bad	How often	How bothersome
Major/Current Complaints	Right / Left	N/10	25% 50% 75% 100%	none slight moderate severe
[ ] Headaches				
[ ] Neck Pain				
[ ] Upper Back Pain				
[ ] Pain near shoulder blades				
[ ] Pain in lower back				
[ ] Pain in buttocks				
[ ] Shoulder pain				
[ ] elbow pain				
[ ] Wrist/hand pain				
[ ] hip pain				
[ ] groin pain				
[ ] knee pain				
[ ] foot/ankle pain				
[ ] dizziness				
[ ] numbness in [ ] arms [ ] hands				
[ ] numbness in [ ] thighs [ ] legs				
[ ] numbness in feet				
			iSS	

Does your current problem(s) affect your

[ ] work [ ] relationship with your family [ ] hobbies [ ] sleep [ ] recreational activities

Is there a particular activity that you can not do now that you wish you could do again? _____

How long has your current problem been bothering you? _____

Is your current problem [ ] getting worse [ ] about the same [ ] slowly improving

If you continue to suffer from your current condition, describe how you think you'll be in another six months to a year?

_____

Have you consulted with any other doctors for this condition? [ ] No [ ] Yes, if yes, what medication/treatment were you given?

_____

How helpful was previous treatment [ ] not effective [ ] took the edge off [ ] helped a lot

Have you had [ ] X-Rays [ ] MRI [ ] CT Scans [ ] Nerve Tests [ ] Blood Tests or other tests for your current condition?

Please continue on the next page>>>>>

Often knowing your family history will help us to both diagnose and formulate an effective treatment plan. Please take a moment to provide us with your family history. Does anyone in your family suffer from the same or similar condition as yours?

Who/relation What problem? Type of care they received? How effective was it?

1. _____

2. _____

3._____

As a courtesy to our patients we provide free health information to friends and family. Would you like us to send them relevant brochures on how they may improve their condition ? Yes No

It is important for us to know your detailed health history so we can provide you with effective and safe treatment that is tailored to your health status. Please take the time to list those conditions that you have or have had. <u>If you have any unusual health issues that are not listed make sure you bring them to the attention of the doctor.</u>

[ ] Painful or burning urination
[ ] Frequent or night urination
[ ] Blood in urine
[ ] Dark or foul smelling urination
[ ] Trouble starting urination
[ ] Leaking / urinary incontinence
[ ] Urinary tract infections
[ ] Kidney stones
[ ] Prostate troubles / surgery
[ ] Bladder troubles / surgery

How much water or other healthful fluid do you drink per day?

___ cups

[ ] Arthritis
[ ] Rheumatoid Arthritis
[ ] Lupus
[ ] Autoimmune disease
[ ] Temporal Arteritis
[ ] Gout
[ ] Stenosis
[ ] Osteoporosis

[ ] Chronic cough
[ ] Sore throats
[ ] Fatigue
[ ] Swollen ankles
[ ] Heart palpitations

[ ] Chest pains
[ ] Light headedness
[ ] Numbness in jaw
[ ] Numbness in arm
[ ] Shortness of breath
[ ] Cramping in legs
[ ] Anemia
[ ] Heart surgery
[ ] Pace maker
[ ] Clotting Disorder
[ ] Bleeding Disorder
[ ] High Blood Pressure
[ ] Heart attack
[ ] Aneurysm
[ ] Asthma
[ ] Lung surgery
[ ] COPD
[ ] Tuberculosis
[ ] Sinus / allergies
[ ] Swollen ankles
[ ] Fatigue
[ ] Cancer
[ ] Cystitis

Are you taking any blood thinning medications?

Are you taking cholesterol lowering medications?

[ ] Abdominal pain
[ ] Acid reflex
[ ] Indigestion
[ ] Heart burn
[ ] Gall bladder disease
[ ] Diarrhea
[ ] Constipation
[ ] Blood in stool
[ ] Hemorrhoids
[ ] Colitis
[ ] Irritable bowl syndrome
[ ] Pancreatitis
[ ] Liver disease
[ ] Hepatitis
[ ] Food intolerance
[ ] Food allergies
[ ] Trouble swallowing
[ ] Ulcer
[ ] Diabetes
[ ] Crohn's Disease

[ ] Menstrual Difficulty
[ ] Miscarriages
[ ] Poly-cystic Ovaries
[ ] PMS
[ ] Hot Flashes
[ ] Menopausal Symptoms
[ ] Are you pregnant?
[ ] Endometriosis
[ ] Taking birth control pills?
[ ] Do you have breast implants?
[ ] Thyroid Problems

[ ] Headaches
[ ] Blurred Vision
[ ] Memory Loss
[ ] Multiple Sclerosis
[ ] Stroke
[ ] TIA
[ ] Parkinson's Disease
[ ] Depression
[ ] Bipolar Disorder
[ ] Schizophrenia
[ ] Herniated Disc
[ ] Carpal Tunnel Syn
[ ] seizures
[ ] ADHD
[ ] panic attacks
[ ] fainting
[ ] addiction
[ ] anorexia
[ ] bulimia
[ ] fibromyalgia

[ ] recurrent infection
[ ] HIV/AIDs
[ ] sinus infections
[ ] swollen lymph nodes
[ ] rashes
[ ] dermatitis
[ ] cancer
[ ] leukemia
[ ] recurrent fever
[ ] Herpes

Habits

Smoke No Yes PPD Alcohol No Yes Caffeinated Drinks per day ___ Recreational drugs No Yes Exercise No Yes	How often do you exercise? Never Rarely Occasionally Frequently	What is your usual weight? Lbs. Has your weight been: [ ]Increasing [ ]Decreasing [ ] Stable What is your height? Feet Inches

Please continue on the next page>>>>>

Medications: Many medications produce side effects, knowing what medications you are taking may help us determine what is wrong with you and will certainly modify many of the recommendations we may offer to you. Please take a few minutes to list your medications so we can take better care of you.

Vitamins: Providing our patients with up-to date information on diet, nutrition and supplements is a big part of what we do for our patients. Please take the time to list all supplements that you are currently taking, so we may coordinate our care and recommendations with your current nutritional program.

Family Doctor: Most of our patients are referred to us by their family doctor or some other health care specialist. As a professional courtesy we like to send a report of our findings to our patient's primary care provider and also request the results of their examination findings. Please take the time to list your primary care provider and if possible provide their address and phone number.

Surgeries / Fractures: Many surgeries and some fractures will change the way we approach our management of your condition, please take a moment to list any and all surgeries you have had and also any broken or fractured bones you have experienced.

Goals of care: We treat many types of patients that have various goals for their care. Please check all of the boxes below that apply to your health care goals.

[X] Quick fix. I want to get out of pain quickly
[ ] Rehab/Exercise: I want to know how to take care of my body, and learn how to keep it functioning after the pain is gone
[ ] I'd like guidance on diet, nutrition and supplements I can take to get and stay healthy.
[ ] I am interesting in learning stress reduction methods
[ ] I'm interested in learning about tests that I can take to determine what I need to get and stay healthy.
[ ] I'm interested in weight loss advice
[ ] Other, please describe...

I certify that the information provided is true and correct to the best of my knowledge. Initials _____

I have received a Risk/Benefit Brochure /analysis. Initials _____

I authorize the Drs. of Kukurin Chiropractic to examine and treat me in accordance with applicable state laws Initials _____

I have been advised of my privacy rights under HIPPA Initials _____

I authorize the doctors of Kukurin Chiropractic to obtain any and all medical records deemed necessary for the proper diagnosis and treatment of my condition Initials _____

Signed and dated

Guardian, if patient is under 18 years old. Dated

Functional Rating Index (FRI) ~ Expanded

Patient Date:

1. What level is your pain RIGHT NOW?

0 1 2 3 4 5 6 7 8 9 10

2. What is your TYPICAL or AVERAGE pain?

0 1 2 3 4 5 6 7 8 9 10

3. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)? X

0 1 2 3 4 5 6 7 8 9 10

What percentage of your awake hours is your pain at its worst? _____%

4. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)? X

0 1 2 3 4 5 6 7 8 9 10

What percentage of your awake hours is your pain at its best? _____%

1. Sleeping	0. Perfect sleep 1. Mildly Disturbed Sleep 2. Moderately Disturbed Sleep 3. Greatly Disturbed Sleep 4. Totally Disturbed Sleep
2. Personal Care: Washing, Dressing, etc	0. No pain No restriction 1. Mild Pain No restriction 2. Moderate Pain Go Slowly 3. Moderate Pain Need Some Help 4. Severe Pain Needs Help
3. Traveling / Driving Riding	0. No pain on long trips 1. Mild pains on long trip 2. Moderate pain on long trips 3. Moderate pain on short trips 4. Severe pain on short trips
4. Work / Housework	0. Can do usual work plus extra work 1. Can do usual work no extra 2. Can do 50% of usual work 3.Can do 25% usual work 4. Can not work

Which hobbies / recreational activities do you commonly participate in?

1. **3.**

2. **4.**

5. Recreation	0. Can do all activities 1. Can do most activities 2. Can do some activities 3. Can do few recreational activities 4. Can't do Recreational Activities
6. Lifting	0. No pain with heavy weight 1. increased pain with heavy weight 2. increased pain with moderate weight 3. increased pain with light weight 4. can't safely lift light weights
7. Walking	0. No pain with walking 1. increased pain at 1 mile 2. increased pain 1/2 mile 3. increased pain @ 1/4 mile 4. All walking I increases pain
8. Standing	0. No pain after several hours 1. increased pain after several hours 2. increased pain 1 hour 3. increased pain 1/2 hour 4. any standing increases pain

Section One: * Section Two: Initials:

Your Safety: Understanding the benefits and risks of what we do in our office.

Our mission is to help sick people get well, and to help healthy people function better without drugs or surgery. We practice very conservative methods of health care and as such the methods we use are extremely safe. However the methods we use are also extremely powerful and anything that can produce amazing changes in the body will always have some potential, no matter how small, to produce occasional unwanted side effects. We created this brochure to inform you of the rare side effects reported following chiropractic, acupuncture and herbal nutritional therapies as well as to reassure you of the steps we take on each and every visit to make sure these potential rare adverse events are even less likely.

Chiropractic, spinal and other joint manipulation:

When you ask someone what chiropractors do, they often will respond that they "crack your neck and/or back" Joint manipulation and chiropractic spinal manipulation frequently produce an audible popping or cracking noise. This sound is known as ***joint cavitation*** and is believed to be caused by pressure changes in the fluid surrounding the joint. It is the same noise that is produced when one cracks their knuckles. One myth was that cracking or cavitating a joint would produce arthritis in the joint. A scientific study of joint cavitation dispels this old wives tale. In fact, a very recent study demonstrated that joint manipulation actually benefits patients with arthritis of the spine. You should also know that spinal manipulation places no more stress or strain on the joints and discs of the spine than does normal movement of your back like bending to tie your shoes or twisting while running the vacuum.

So what are the unwanted side effects of chiropractic manipulation?

There have been a number of recent studies published on the nature of unwanted reactions to spinal manipulation. The research backs up what I personally have witnessed during my two plus decades of treating patients in my office. In general, sides effects if any, are mild and transient. When they do occur they typically happen shortly after the first or second session of spinal manipulation. Unpleasant side effects may occur in between 10 and 30 % of patients. They occur more often in women than men, and as stated above seem to occur after the first session of spinal manipulation. The most commonly reported unpleasant reaction is temporary and transient increased pain or stiffness. This reaction usually resolves in 24 hours or less. More rare reports of tiredness, light headedness, and occasional nausea have been infrequently reported. The type and nature of these reactions may be associated with the severity and nature of the condition being treated. It seems self evident that more severe problems have the potential to produce short term increases in symptoms. We use ice, ultrasound and or TENs in our office to help to minimize any irritation that may occur due to spinal manipulative treatment. Spinal manipulation is safe and effective for uncomplicated spinal pain syndromes, but it also may be a viable alternative to surgery for lumbar or cervical disc herniations. Because disc herniations are themselves more serious problems, the risks from spinal manipulation for treating disc problems are more serious. There have been isolated reports of increased compression of the spinal nerves in patients with disc herniations. While this can be a serious situation, it has been reported to occur in only about 1 in 1- 3 million cases. Making spinal manipulation for disc problems an extremely safe treatment option for patient with herniated discs. We also use methods of treatment of herniated discs that do not require standard forms of spinal manipulation. These spinal decompression techniques may be preferred to traditional techniques for non surgical treatment of herniated spinal discs.

To make an educated decision about any type of care you may be considering, you must consider, "relative risks". Simply put, relative risks compare the risk of one procedure with the risk of a second procedure for the same condition. For example, if you are taking medications to relieve your pain, how do the risks of the medications compare with the risks of an alternative treatment, like chiropractic care?

An example is chiropractic treatment versus drugs known as non steroidal anti-inflammatory drugs (NSAIDs which include aspirin, Aleve and Advil™). The risk for serious side effects from anti-inflammatory drugs are from 6000-9000 times **greater** than the risk for serious side effects from spinal manipulation. Meaning that chiropractic care is a much safer alternative than aspirin and related drugs for treating pain and inflammation and it in no way significantly increases a patient's risk to add chiropractic care to an existing regime of NSAIDs. In fact, recent studies found that patients receiving chiropractic care were able to reduce their intake of drugs. Thus reducing the risks of drug reactions.

If you are trying to avoid surgery for a spine related problem, your condition is more serious and potential side effects of surgery should be compared with chiropractic as a possible alternative to surgery. You should understand that any patient who is a potential candidate for spine surgery has a serious medical condition. There is pressure on a nerve and the potential for permanent damage to that nerve. Studies show that chiropractic care often can reduce the pressure on a compressed nerves in the lower back without surgery.

This is done without anesthesia, or the need to surgically change the relationship between the nerve and offending structure like a disc or stenosis. There have been several reports of more pressure (rather than less) after attempts of non-surgical disc reduction. This is known as radiculopathy. A serious condition known as cauda equina syndrome (CES) can occur in patients with herniated lumbar discs. Several reported cases of CES following non-surgical attempts to reduce disc herniations with spinal manipulation have been reported in the medical literature. How do risks of conservative, non-surgical disc reduction like performed by chiropractors compare with surgical procedures to repair disc herniation? Unlike surgery, the risk for chiropractic is only 1 in 1-3 million cases.

It is important to remember that chiropractic methods operate within the normal range of motion of your spine. This means that the likelihood of any damage occurring to your spine, joints, ligaments, discs, muscles, nerves and blood vessels is extremely remote. You must also consider that when you present to a doctor for treatment, it is very likely that you already have some type of tissue damage or injury. Chiropractic care while extremely safe, may aggravate an injury or illness and very rarely may produce a serious side effect. If after a treatment, you experience discomfort that lasts more than 24 hours, you should contact our office immediately. If you are unsure about symptoms following a treatment do not hesitate to contact us. ~Dr. George W. Kukurin

Acupuncture & Herbs

I also practice acupuncture and recommend herbal formulas to many of my patients. Like chiropractic care, acupuncture is an extremely safe therapeutic procedure. In the olden days, acupuncture was practiced with re-usable needles than were sterilized between visits. This raised the potential for infection. In our office, all needles are pre-packaged and factory sterilized. They are disposable and are used once and appropriately discarded. We are trained in and practice clean needle technique and sterilize the area under treatment. With modern needles and clean needle technique, the risk of infection is remote. Likewise we utilize a sterile needle guide tube that controls the depth and direction of needle insertion. This minimizes potential side effects of improper needle placement. In a study of side effects following acupuncture, serious side effects occurred in 5 out of every one million treatments. Making acupuncture, like chiropractic, much more safe than most standard medical therapies for similar conditions. Herbs and other nutrients do have the potential to interact with prescription medications and even other herbs, vitamins or foods. We make every attempt to stay current with published reports of adverse reactions to herbs. We also strongly recommend that you consult with the pharmacist who fills your prescriptions. We offer an unconditional guarantee with our nutritional supplements. If you can't take them, or are unsatisfied with them we will refund your money.

It is important for you to communicate with us, any unpleasant side effects you may experience following treatment at our office. We practice many methods of conservative treatment and will do everything in our power to tailor a treatment plan individualized to you, your condition and your tolerance to the methods we use. If you have any questions or concerns please feel free to discuss them with us**!** **Dr. George W. Kukurin**

Controversy concerning arterial dissection and neck manipulation:

A rare but serious type of stroke that occurs mainly in young seemingly healthy individuals is known as arterial dissection. The incidence of this particular stroke is, for unknown reasons, increasing in the general population. Often the only early signs and symptoms of this unusual condition are headaches and/or neck pain. This stroke occurs spontaneously in about 1 in every 30,000 people. There have been reports of this type of stroke occurring following manipulation therapy of the neck. However, recent studies demonstrate that neck manipulation does not place any undue stress or strain in the arteries of the neck. Reports of this type of stroke following neck manipulation are 1 in 500,000 to 1 in 2,000,000 ***Many times less that this condition naturally occurs in the general population***. Another study found that even in the most severe neck trauma, involving fracture of the vertebrae, injury to the vertebral artery is rare. This suggests that trauma is not the actual cause of this type of stroke. At the present time, the association, if any, between neck manipulation and this particular type of arterial injury is unknown. Regardless of whether or not you received treatment on your neck: **It is important, that if neck and/or head pain is followed by dizziness, vomiting, slurred speech , loss of balance, or other signs of a vascular problem, you should immediately present to an emergency room for further evaluation**.

References

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4. Comparison of human lumbar facet joint capsule strains during simulated high-velocity, low-amplitude spinal manipulation versus physiological motions. **Spine J. 2005 May-Jun;5(3):277-90.**

5..Safety of spinal manipulation in the treatment of lumbar disk herniations: a systematic review and risk assessment **JMPT. 2004 Mar-Apr;27(3):197-210.**

6.Side posture manipulation for lumbar intervertebral disk herniation. **JMPT. 1993 Feb;16(2):96-103.**

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10. A risk assessment of cervical manipulation vs. NSAIDs for the treatment of neck pain**. JMPT 1995 Oct;18(8):530-6.**

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12.Frequency and clinical predictors of adverse reactions to chiropractic care in the UCLA neck pain study. **Spine. 2005 Jul 1;30(13):1477-84.**

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14. Dissection of cervical arteries **Presse Med 2001 Dec 15;30(38):1882-9**

15.A cumulative review of the range and incidence of significant adverse events associated with acupuncture. **Acupunct Med. 2004 Sep;22(3):122-33.**

16. Prospective studies of the safety of acupuncture: a systematic review **Am J Med. 2001 Apr 15;110(6):481-5.**

17. Vertebral artery occlusion after acute cervical spine trauma. **Spine. 2000 May 1;25(9):1171-7.**

18. Spine Journal

19. Internal forces sustained by the vertebral artery during spinal manipulative therapy. **JMPT 2002 Oct;25(8):504-10**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received Kukurin Chiropractic's Notice of Privacy Practices for protected health information.

Date: _____

Patient's Name: _____
(Print name)

_____
(Signature)

DOCUMENTATION OF GOOD FAITH EFFORT TO OBTAIN WRITTEN ACKNOWLEDGEMENT:

I made a good faith effort to obtain the patient's written acknowledgement of our Notice of Privacy Practices for protected health information by (CHECK ALL THE APPLY)

____showing the patient the Notice of Privacy Practices posted in our office
____giving the patient a copy of our Notice of Privacy Practices to read prior to receiving any treatment or services
____giving the patient all necessary information to obtain our Notice of Privacy Practices on our website
____asking the patient to sign this Acknowledgement form
____other (explain in detail)

I was unable to obtain the patient's written Acknowledgement because (check all that apply)
____the patient refused to sign this form

_____

____the patient would not sign the form because the patient said he/she did not understand the HIPPA notice
____other (explain in detail)

_____

KUKURIN CHIROPRACTIC OFFICE PERSONNEL:

Date: _____

Name: _____

Notes: This written Acknowledgement must be completed no later than the first date health care services or treatments are provided to the patient after April 14, 2003. This Acknowledgement must be retained in the patient's permanent records.

Kukurin Chiropractic, Acupuncture & Nutrition (KCAN)
Financial Agreement

We are happy to assist you in processing your insurance claims. Many insurance carriers consider chiropractic services as a specialty, so the coverage may not be the same as indicated on your insurance card. We will call your insurance and verify coverage as soon as possible. We file insurance weekly.

Please make certain that all financial information provided to us is accurate. It is crucial that you report any changes immediately.

Fees & Network Participation

We are in-network providers with most insurance companies including Blue Cross Blue Shield, Aetna, Cigna, American Specialty Health and Medicare. Our fees are fair. Your agreement is between you and your insurance company. We must collect all co-pays, co-insurance and deductibles as per our agreement with your insurance carrier. Co-pays, co-insurance, deductibles and non-covered services are due at the time of your visit. Please do not request fee reductions from Dr. Kukurin. If you need to discuss fees and payment plans, please see Laurie or Cynthia. We will make every attempt to make your services affordable for you. If you are experiencing a true hardship, we will work with you again to make your treatment manageable. To qualify for hardship, it is KCAN policy for patients to apply for Care Credit and Advance Care Payment Plan at our office.

I understand that Medicare and other insurance plans will only pay for treatment that they deem to be medically necessary (sect. 18-21 (1)), after co-pays and deductibles have been met (sect. 1862 (a.1)). I agree to pay for services provided that are denied by my insurance plan; retrospectively or prospectively.

_____ (Patient Initials)

Accident Claims

Accident claims must be billed to the patient's car or health insurance. We do work on attorney's lien. If you are filing a lien, please do not ask for any reduction in fees due to an auto accident claim or worker's compensation claim.

Medicare Patients

As a Medicare provider, your chiropractor is required to consult and conduct a new patient examination before treating you. Medicare, however, does not reimburse for new patient chiropractic examinations. ***This is an out-of-pocket cost for you – the patient.*** Medicare only covers chiropractic adjustments of the spine and spinal subluxations. The new patient examination fee is $125.00.

If you develop a new condition, a re-examination is required. Our fee is $75.00. If you have not seen the doctor within three months, a re-exam is necessary to treat you.

Treatments on other areas of the body are considered non-covered services and patients are responsible for the fees. Medicare does not cover therapy including ultrasound, electronic muscle stimulation, traction, massage therapy, counter strain muscle work, rehabilitation, neuromuscular reeducation and acupuncture or laser therapy. The fees for these services range from $20 to $65 per treatment for each service.

This applies to Medicare patients and patients whose insurance is a Medicare Advantage plan. Examples of Medicare Advantage plans are Secure Horizons by United Healthcare, Cigna Medicare HMO/PPO plans, Security or Freedom BCBS plans. Medicare Advantage plans also are usually subject to a co-pay.

Medicare will cover 80-percent of the adjustment or spinal manipulation. Supplemental insurances will cover the 20-percent of the adjustment NOT covered by Medicare. Supplemental insurances will not cover any therapies or treatments not approved by Medicare.

If you have a true secondary insurance, therapies may be covered by your carrier. However, we require payment for services upfront. We will kindly bill your secondary insurance and if the doctor is reimbursed, we will issue a refund to you within 45 days of payment.

Please understand these are not our policies, but federal Medicare guidelines and policies. It's federal law; please don't ask us to break it!

I understand my Medicare coverage and I understand that I may be responsible for services NOT coverage by Medicare. I have also signed a Medicare ABN – Advance Beneficiary Notice required by Medicare.

_____ (Patient initials)

Patient Balance Policies

We do not send paper statements. This policy saves both of us time and money. We ask that you pay your portion at the time of the visit. Or as an alternative, you may leave a credit card authorization allowing us to charge your portion directly to a credit/debit card, once the insurance card has processed.

If you require a receipt or a copy of your account, we will be happy to email it to you. If a paper statement is required to be printed and mailed, there will be a $5 service fee assessed to cover our costs.

If a claim remains unpaid for 60 days, is pended, or denied for any reason, except for an error on our part, we will bill your credit/debit card and will prove you with a printed claim form to assist you in getting paid. We will resubmit if we had an error. However, KCAN will not appeal or re-file claims due to improper information provided by the patient or carrier errors.

Cancellation Policy

Please be aware that KCAN requires 24 hour notice to reschedule or cancel your appointment. Failure to notify us within 24 hours to reschedule your appointment or cancel will result in a $35 fee. Thank you for your understanding and compliance with scheduling appointments.

Payment Options

Please choose one:

Option 1: ____ I prefer to pay at the time of the office visit and do not wish to leave a credit card on file.

Option 2: ____ I prefer to have my credit/debit card billed for my balance after my insurance has processed a claim. An email receipt will be emailed.

Option 3: ____ I need to make special arrangements regarding my account.

I have read the KCAN billing policies and agree to pay in the manner indicated above. I understand there is a $5 service fee for paper statements and agree to pay the fee. I also understand if my card is denied at the time the bill becomes due immediately. I agree to pay all collection costs, including attorney fees, incurred in collection for the services provided to me.

I authorized Kukurin Chiropractic, Acupuncture & Nutrition staff to contact me via email at _____@_____.

Patient Signature X_____ Date _____

Credit Card Revolving Payment Authorization

Acct #: _____ Security Code: ____

Expiration Date: _____ Billing Zip Code: _____

Cardholder Name: _____

This authorization is to be in effect for one year. I agree to abide by the terms of my Credit/debit card contract and authorize Dr. Kukurin/KCAN to charge my account according to my instructions above.

Patient Signature X_____ Date _____

KUKURIN CHIROPRACTIC NETWORK (HIPPA) AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI) **VOICE 623.547.4727 FAX 623.9728411**

Section A: This section must be completed for all Authorizations

Patient Name:	**Birth Date:**	**Social Security No: Last 4 digits** XXX-XX-

Requestor Name: Dr. George W. Kukurin **Voice** 623.547.4727 **Fax**: 623.972.8411

Requestor Company Name (if applicable):
Kukurin Chiropractic Acupuncture & Nutrition Network

Requestor Address:
12409 W Indian School Rd #C304

City:	**State:**	**Zip:**
Avondale,	AZ	85392-9508

This authorization will expire on the following: (Fill in the Date or the Event but not both.)
Date: **[XX]Event:** Only after a written request to terminate authorization to release information **.**

Purpose of disclosure: Continuity and continuation of direct patient care.

Description of information to be used or disclosed

Is this request for psychotherapy notes? ☐ Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. [X] No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
[ ] Entire Record	all	☐ Pathology Reports		**[X]Other: Diagnostic study**	all
☐ Discharge Summary		☐ Emergency Room Record		**reports**.	
[ ] History and Physical	all	**[ ] Radiology Reports**	all		
☐ Operative Reports		☐ Nursing Notes			all
[ ]Laboratory Reports	all	**[ ] Physician Progress Notes**	all		
☐ Consultation Reports		☐ Physician Orders			
☐ Medication Reports		☐ Other:			

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. _____ (Initial) If not applicable, check here. ☐

I understand that:
1. I may refuse to sign this authorization and that it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
5. I understand that I may see and obtain a copy the information described on this form, for a reasonable copy fee, if I ask for it.
6. I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing? NO
If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? ☐ Yes [X] No
Purpose for request: **[X] Continuity and continuation of patient care.**

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Patient Representative:	**Date:**
Print Name of Patient/Patient Representative:	**Relationship to Patient:**

Send request to

Send Medical Records to

George W. Kukurin DC DACAN
12409 W Indian School Rd #C304
Avondale, AZ 85392-9508
Secure Fax: 623.972.8411