

## Triad Upper Cervical Clinic

### Confidential Patient History

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Best Phone # to Reach You \_\_\_\_\_ Alt. Phone # \_\_\_\_\_  
 Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Marital Status S M D W Spouse Name \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_ Number of children/Ages \_\_\_\_\_  
 Have you ever received Upper Cervical Care? Yes No Who referred you? \_\_\_\_\_

To help Dr. McIntyre better understand your situation, please answer each of the following:  
*(Note – Circle the items of greatest concern)*

Any notable physical traumas: First 18 years of life? \_\_\_\_\_  
 20 y/o to the present? \_\_\_\_\_

What do you take medication for? \_\_\_\_\_

Did your latest blood work show any issues with (circle) blood pressure?      cholesterol?      blood sugar?

Please describe any issues you may have with the following (include how often and how long it has been going on):

Headaches? \_\_\_\_\_ (past) (present) [circle one]  
 Dizziness/Balance? \_\_\_\_\_ (past) (present)  
 Sinus (Allergy, Congestion)? \_\_\_\_\_ (past) (present)  
 AutoImmune? \_\_\_\_\_ (past) (present)  
 Digestive (Constipation/Diarrhea/Reflux)? \_\_\_\_\_ (past) (present)  
 Sleep (going, staying, both)? \_\_\_\_\_ (past)(present)  
 Pain? (please note location) \_\_\_\_\_ (past)(present)  
 Mental disorders? \_\_\_\_\_ (past) (present)

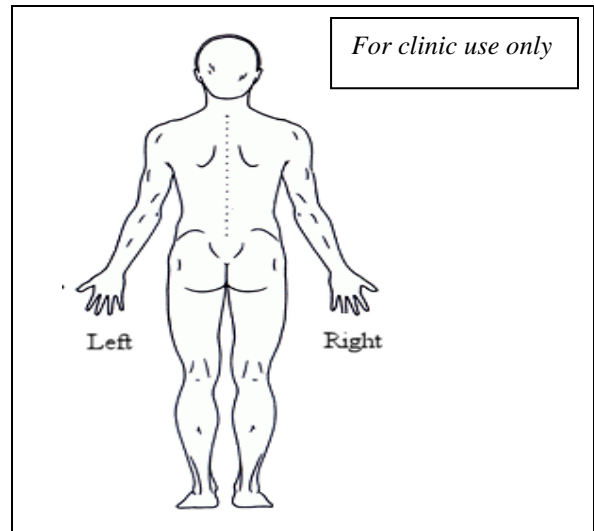
How would you describe your: Nutrition (1-5 scale; 1-worst, 5-best) \_\_\_\_\_

Stress Management Skills (same scale) \_\_\_\_\_

In what position do you sleep?      (circle) back      side      stomach

Have you had any major surgeries in your lifetime and/or have you been hospitalized in the last 5 years? \_\_\_\_\_  
 Explain \_\_\_\_\_

Habits	None	Light	Mod.	Heavy
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Triad Upper Cervical Clinic

### FINANCIAL OFFICE POLICY

- 1) The initial visit at M. Chad McIntyre, D.C., P.C. (dba Triad Upper Cervical Clinic and hereby referred to as “clinic”) first consists of a consultation, followed by a thermographic imaging examination and body balance analysis to see if Upper Cervical Care would be of benefit to you. If warranted, x-rays may then be necessary. Dr. McIntyre will discuss x-ray costs with you, if not previously covered in a conversation with either himself or his staff, at that time. The only cost on day one is for the x-rays. There is no charge if it is determined that you cannot be helped by Upper Cervical Care.
- 2) A detailed description for the services to be rendered will be determined after thorough study of the initial consultation and examinations.
- 3) Dr. McIntyre will determine a “plan of care” for you based on the above and arrange a payment plan for you (and/or your family) to try and fit your budget. The clinic fully understands the healthcare costs these days and wants to ensure that money does not take precedent over that which is most important: the health of you and your family.
- 4) The clinic does not participate, directly, with insurance carriers. Insurance is designed for medical treatment of symptoms and disease. Upper Cervical Care is a professional health service operating under a different philosophy than the practice of medicine.
- 5) Technically, the visits at the clinic fall under the medical coding for chiropractic and physical therapy, so you may request a detailed description of what you have paid coinciding with the services rendered at the clinic. Just send that to your insurance provider and they will process the claim, reimbursing you directly for a percentage of what you paid the clinic. For standard, government-issued Medicare patients, the clinic is required by law to send the aforementioned forms for reimbursement for you. Please let us know when you would like the clinic to do so or otherwise the forms will be sent at the conclusion of the initial care plan.
- 6) The clinic is a non-participating provider with Medicare and an out-of-network provider for all other insurance providers. Again, though, this does not mean that your insurance will not come into play or that you will not be able to get reimbursement.
- 7) Advanced Beneficiary Notice of Non-Coverage (ABN): Medicare typically does not pay for the following services – Cervical X-rays (72050) and Comprehensive Patient Examination (99203). These are the rendered services by the clinic on your initial visit, so you will not be able to get reimbursement for your x-rays.
- 8) Insurance policies are an arrangement between an insurance carrier and you, the insured. So, the clinic cannot guarantee that an insurance company will pay. If they give you trouble, just ask and both Dr. McIntyre and his staff will assist you.
- 9) If you are referred to another specialist or discontinue care for any reason other than discharge from the doctor, then you will be expected to pay your remaining balance. Prepaid services are non-refundable in these circumstances, but exceptions can be made on a case-by-case basis.
- 10) The clinic accepts cash, checks, MasterCard and Visa. You may also use health savings and/or flexible spending accounts.
- 11) Dr. McIntyre and his staff understand that the way things are done in the clinic may be different than that to which you may be accustomed, so if you have any questions, please just ask...

I have read and understand the Financial Office Policy and agree to abide by these terms.

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Patient signature

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Date

**Triad Upper Cervical Clinic**

**PATIENT CONSENT FORM**

With my consent, M. Chad McIntyre, D.C., P.C. (hereby referred to as “clinic”) may use and disclose protected health information to carry out treatment, payment, and healthcare options. The clinic may call my home or other designated location and leave a voicemail message (if patient is not available) in reference to any item that may assist in such matters as reminders of appointments. The clinic may also email me or mail to my home or other designated area such items as patient statements.

By signing below, I am consenting to the clinic’s use and disclosure of my protected health information to carry out treatment, payment, and healthcare options.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Print Name of Patient or Legal Guardian

Health care providers are required to advise patients of the nature of the treatment to be provided, the risks and benefits of the treatment, and any alternatives to the treatment. By signing below, I am giving my informed consent to be under Upper Cervical Care, provided that the clinic determines that I am a viable candidate.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

# Cancellation Policies

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Time is valuable to everyone, and we work hard to respect the schedules of our patients by keeping a 98% on-time average. The most crucial part of our office maintaining that average is staying in communication with our patients regarding tardiness and cancellations. We have the following policies in place to support our on-time success.

## *Tardiness:*

If you expect to be late to your appointment, please call and advise us as soon as possible. We are aware that uncontrollable factors influence our schedules every day, such as traffic and urgent phone calls, so courtesy calls to the office enable us to be as effective as possible in spite of such events. Please note that depending upon that day's schedule and your expected time of arrival, we may need to reschedule your appointment.

## *Cancellations:*

### ***New Patient and Report of Findings Appointments***

Appointments cancelled or rescheduled more than 24 business hours prior to the appointment time will not be subject to a cancellation or rescheduling fee.

Appointments that are cancelled less than 24 business hours prior to the appointment time will be subject to a cancellation fee of \$50, payable at the rescheduled appointment time. Please note any special offers may not be honored as a result of the cancellation, per office discretion.

Patients who "no-show" will be charged the full customary amount of the office visit, payable at the rescheduled appointment time. If you cannot make your appointment, we strongly suggest that you call to avoid this unpleasant experience.

### ***Established Patients***

Appointments cancelled or rescheduled by established patients will not be subject to a cancellation fee. Patients who repeatedly no-show, cancel or reschedule their appointments without appropriate notice may be subject to additional fees.