



# Financial Agreement, Policy on Fee Schedules, and Payments

Please check one of the following:

SELF-PAY PLAN

INSURANCE PLAN

**VERIFICATION OF COVERAGE IS NOT A GUARANTEE OF BENEFITS OR PAYMENT. ACTUAL PLAN COVERAGE AND BENEFITS IS BASED UPON MEDICAL NECESSITY AND DETERMINED BY YOUR CARRIER UPON RECEIPT OF THE CLAIM FOR YOUR DATE OF SERVICE. CODES ARE BILLED BY THE FEE SCHEDULE SET BY THE STATE OF COLORADO WORKERS COMPENSATION COMMISSION.**

**CICN-Primary Care and Chiropractic** is part of a large network called Colorado Integrated Care Network (CICN). As a member of Colorado Integrated Care Network, we are able to offer a greater range of insurance covered services, which means your insurance covers more of the services we offer. Due to this, your insurance explanation of benefits (EOB) will now contain Colorado Integrated Care Network and the name of our assigned Medical Director Michelle Smith, MD. The implementation of the new network will consist of a thorough examination in our office by Dr. Kim or Dr. Chad of your present symptoms, as well as an evaluation of your past medical history that will be performed online. This information will then be evaluated by our medical director for determination of your medical necessity and appropriate treatment protocols. Please be aware that some billing codes that you will see on your EOB will be higher due to the fact that not only are you being managed and treated in this office chiropractically, but you are being medically managed as well. If you have a high deductible, you can decide at your first visit to be cash or insurance and indicate that with our front desk. Once claims are sent out, we cannot retract the insurance charges.

**PAYMENT PROCEDURE** - Our office requires payment at the time of each visit unless the patient is covered by health insurance which pays to our office, and this office has received VALID INSURANCE INFORMATION OR REFERRAL (when applicable). If you wish us to file your insurance for you, we will do so. **IT IS YOUR RESPONSIBILITY TO HAVE YOUR REFERRAL AT THE TIME OF YOUR VISIT (IF NEEDED), OTHERWISE YOU MAY BE HELD RESPONSIBLE FOR PAYMENT.**

**CO-PAYMENT/CO-INSURANCE IS DUE AT THE TIME OF SERVICE.** We are happy to accept payment by cash, check, or credit card (VISA, MASTER CARD).

**NOTE:** Our financial relationship is with **YOU**, not with your insurance company. We verify benefits, and as a courtesy to you, we will try to give you general guidelines about what your insurance policy might cover. Since insurance is an agreement entered into by you and your insurance carrier, you are ultimately responsible for knowing the specifics of what your policy covers.

***All patient portions of accounts past due for 60 days or greater will be assessed an interest penalty of 1.5% monthly.  
This is an annual percentage rate of 18%.***

**CANCELLATION FEE** - If you need to cancel or reschedule your appointment, please call us twenty-four hours prior to your appointment, **or you will be charged a \$35.00 cancellation/no-show-fee.**

I agree to the above selected payment schedule, and accept my responsibility as outlined in my selection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PRIMARY CARE & CHIROPRACTIC CENTER

Dr. Chad Kesner – Dr. Kim Kesner

---

Every type of healthcare is associated with some potential risks. We want you to be informed of these risks prior to treatment and the potential problems that could arise from Chiropractic Care before consenting to treatment. This is called informed consent.

Chiropractic care is a specialty utilizing proper body alignment which allows the nervous system and muscular system to restore function, increase motion and decrease pain for natural healing. This entails adjustments which are mobilization of joints with doctor's hands or with the use of an instrument. Frequently, adjustments create a "pop" or "click" sound/sensation on the area being treated.

The following is a list of possible complications that can arise from an adjustment:

**SOFT TISSUE INJURY:** Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely, adjustment, traction, massage therapy, etc., may tear some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

**RIB FRACTURES:** The ribs are found only in the thoracic spine or middle back. They extend from your back to your front chest area. Rarely an adjustment will crack a rib bone, this is referred to as a fracture. This occurs only on patients that have weakened bones from such things as osteoporosis on their x-rays. We adjust all patients very carefully, and especially those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify their probability.

**THERAPY BURNS:** Some of the machines we use generate heat. We also use both heat and ice and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely, either heat or ice can burn or irritate the skin. The result is a temporary increase in skin pain, and there may even be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

**SORENESS:** It is common for an adjustment, traction, massage therapy, exercise, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom while your body is undergoing therapeutic change. It is not dangerous, but please notify your doctor if it occurs.

**STROKE:** Stroke is the most serious problem associated with receiving an adjustment. The result can be a temporary or permanent dysfunction of the brain, and very rarely, death. Cervical (neck) adjustments have been associated with strokes that arise from the vertebral artery, this is because the vertebral artery is actually found inside the neck vertebrae. The type of adjustment that is related to vertebral artery stroke is called the "maximal extension-rotation" adjustment. We do not perform this adjustment on patients. Other types of neck adjustments may also be potentially be related to vertebral artery strokes, but no one is certain. The most recent studies

(Journal of the CCA, Vol. 35 No. 2, June 1993) estimate that the incident of this type of stroke is 1 per every 3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

**DISC HERNIATION:** Disc herniation's that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. This includes both neck and back. Yet, occasionally, chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely surgery may become necessary for correction. Chiropractic adjustments may also cause a disc problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

**ACUPUNCTURE:** This treatment involves the insertion of fine needles at specific points in the body, manual manipulation of the needles and/or electrical stimulation or application of localized heat. Mild discomfort may be experienced, but this pain is unusual. Bruising at the acupuncture point is a possibility. Due to differences in human constitution and response, it is not possible to guarantee any specific effect resulting from the acupuncture treatment. This practice of acupuncture uses disposable needles only and complies with all regulations set forth by the NCCAOM and NCCA.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment that they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

Chiropractic Care is a system of health care delivery, therefore, as with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel will assist your situation.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Patient's Signature

\_\_\_\_\_

Parent or Guardian Signature