



Proactive Chiropractic and Physical Therapy  
 1201 Seven Locks Road, Ste. 212, Rockville, MD 20854  
 Phone: 301-217-0515 Fax: 301-217-0585  
 ProChiroMed.com

**NEW CONDITION FORM**

This allows us to reassess your condition and address your new source of pain or recent accident. Your insurance provider requires that upon a new complaint we perform a re-examination of your issue to qualify your coverage and recent visits.

Date: \_\_\_/\_\_\_/\_\_\_ Patient's Full Name: \_\_\_\_\_

**CHIEF COMPLAINT**

Primary complaint: \_\_\_\_\_

Secondary or related complaint(s), if any: \_\_\_\_\_

Was the onset:  Gradual  Sudden

Since it began, has it gotten:  Worse  Stayed Same  Better

When did the problem begin? \_\_\_\_\_

Has it ever happened before?  Yes  No

How long ago since the first occurrence? \_\_\_(months/years ago)

What caused the pain?  No Apparent Cause  This

Incident \_\_\_\_\_

How intense is your pain:  Minimal  Mild  Moderate  Severe/Excruciating

Have you had any changes in bowel or bladder functioning?  Yes  No

Have you ever been treated for this problem?  Yes  No

If yes, when: \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

Outcome:  No effect  Somewhat Better  Resolved

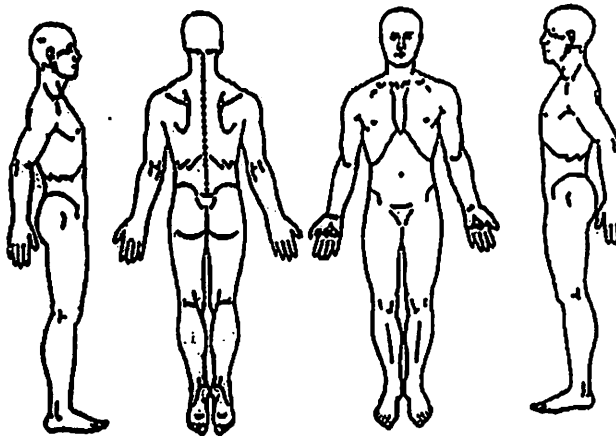
What does your condition prevent you from normally doing?:  Sitting/Driving  Walking

Running  Golfing  Swimming  Work  Sleeping  Weight Lifting  Playing with Children

Other: \_\_\_\_\_

What do you wish to achieve long-term from treatment (e.g: play a round of golf without pain):

Is there anything else you would like for me to know?





**PAYMENT OPTIONS**

*(Please INITIAL next to the payment option you're using)*

**Private Pay: Not using insurance; I am paying by cash, check or credit card at the time of service.** \_\_\_\_\_ (Initials)

You have been offered the opportunity to personally pay for your treatment at Proactive Chiropractic and PT. The private pay policy is used in the following circumstances: 1. Patient has no insurance 2. Chiropractic/PT treatment is not covered by your insurance 3. Patient chooses to forego insurance benefits. The following conditions apply: 1. Once you have chosen the private pay terms, we will not bill your insurance carrier for services rendered. 2. Payment is due at the time of service. We accept cash, checks, and all major credit cards. There is a \$25.00 service charge for returned checks. 3. The cash rate collected in office is discounted from the insurance's max allowed amount. If payment is not paid at the time of service, you will be billed the full allowed amount of the claim 4. Initial Evaluation: \$125. Subsequent treatments: \$75. Please ask about packages that reduce the cost of follow ups per visit. If you have not been seen in the office for 2 years or more, you are considered a new patient and the evaluation cost applies.

**Health Insurance: I would like Proactive to submit my claims to my health insurance on my behalf** \_\_\_\_\_ (Initials)

Primary Health Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Plan ID #: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Plan ID #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
Policy Holder DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_



### Statement of Financial Policy

Welcome to Proactive Chiropractic and Physical Therapy. We assure you that you will receive the very best care available for your condition. The following information will familiarize you with the financial policy of this office and how your medical bills will be handled. A copy of this form is available upon request.

**Explanation of Insurance Coverage/Insurance Billing:** As a courtesy, we can file your insurance claims for you and agree to your insurance company's fee schedule when processing their payment. Reduced allowed amounts only apply in network. We will submit out of network, but the patient responsibility may be a bit higher. We suggest that you contact your insurance carrier prior to your first scheduled appointment to verify chiropractic and physical therapy coverage. Regardless of your insurance coverage, your policy is a contract between you and your insurance carrier. *You are ultimately responsible for payment which may include a copay, coinsurance, and/or deductible. If your claim is denied due to lack of coverage or your insurance company does not pay for the services rendered, you will be responsible for the entire balance on your account.*

**Payment Arrangements:** Any copay/coinsurance/deductible costs are due at the time of service. We accept cash, major credit cards, and checks.

**Appointments and Cancellation Policies:** We realize that on rare occasions you may need to reschedule or cancel an appointment. We request that you contact our office within 24 hours if you are unable to attend a chiropractic or PT appointment. You can contact us at (301)-217-0515 to cancel or reschedule. Please leave a message on our voicemail after hours or on weekends, if necessary. If you do not show up for your appointment or call to cancel within 24 hours, a \$60 fee will be billed directly to you.

**Authorization for Payment/Assignment of Benefits:** I hereby instruct Proactive Chiropractic and PT to bill my insurance company for services rendered and said insurance company to make direct payment of medical benefits to: Proactive Chiropractic, 1201 Seven Locks Rd, Ste 212, Rockville, MD 20854. *I also understand that should my insurance company send payment to me, I will forward the payment to Proactive within 48 hours of receipt. I agree that if I fail to send the payment to the Proactive and they are forced to proceed with the collections process, I will be responsible for any cost incurred by the office to retrieve their monies. I authorize Proactive to initiate a complaint to the insurance commissioner for any reason on my behalf and I personally will be active in the resolution of claims delay or unjustified reductions or denials. A fee of \$25.00 will be charged on all returned checks.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Understanding Common Health Insurance Terms

While your health insurance plan covers fees for health care services, there may still be certain dollar amounts that you will be responsible for paying, including deductibles, co-pays and co-insurance.

### Deductible

A deductible is a dollar amount established by your health insurance plan that you are required to pay out-of-pocket before your plan kicks in and starts to pay for your health care services.

*Example:* Your health plan has a \$1,500 deductible. This means you must pay 100% of your health care fees until you spend \$1,500. Once you meet your deductible, then your insurance plan will begin paying the fees for your health care services. However, each insurance plan is different, and some plans may pay for 100% of the fees for services, while others may only pay a percentage. In addition, you may still be responsible for paying co-insurance or co-pays established by your health plan.

### Co-Pay

A co-pay is a set dollar amount that you must pay for each doctor visit, prescription, medical equipment or other health care service. Your co-pay is usually due at the time of service and may vary by the type of service you receive.

*Example:* Your co-pay for a visit to the doctor's office might be \$40; while a prescription co-pay could be only \$10, and an emergency room visit may be \$100. Your insurance plan establishes a maximum dollar amount that you will pay out-of-pocket for co-pays.

### Co-Insurance

Co-insurance is your share of the cost for a health care service after you have met your deductible and co-pay fee. Some health plans may have an 80/20 co-insurance, while others may have a 50/50 co-insurance.

*Example:* You have met your \$1,500 deductible and paid your \$40 co-pay for an office visit. Your co-insurance is 80/20 and you have a \$100 medical bill. This means you are responsible for paying \$20 and your health plan pays the remaining \$80 of the bill.

### Out-of-Pocket Limit

Out-of-Pocket Limit is the maximum amount of money you will pay for medical services in a policy period, which is usually one year. Once you meet the out-of-pocket limit, your health plan starts to pay 100% for covered health services.

*Please contact your health plan with specific questions about your insurance coverage.*

# PROACTIVE CHIROPRACTIC

**\*\*\*Provider Use Only\*\*\***

Recommendations: \_\_\_\_\_ x/wk for \_\_\_\_\_ wks

Special instructions:

Signature \_\_\_\_\_ Date: \_\_\_\_\_



