

## Triad Upper Cervical Clinic

### Confidential Patient History

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Phone# ( ) \_\_\_\_\_ Alt. Phone# ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Marital Status S M D W Spouse Name \_\_\_\_\_ Spouse Occupation \_\_\_\_\_ Children? \_\_\_\_  
Have you ever received Upper Cervical Care? \_\_\_\_\_ How did you learn about our office? \_\_\_\_\_

To help Dr. McIntyre better understand your situation, please answer each of the following questions:

In terms of what brought you here, what are the primary \_\_\_\_\_, secondary \_\_\_\_\_, and tertiary \_\_\_\_\_ reasons?

Any notable physical traumas during youth? \_\_\_\_\_  
In adulthood? \_\_\_\_\_

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

What medications do you take regularly? \_\_\_\_\_  
What supplements do you take? \_\_\_\_\_

**Please describe any issues you may have with the following (include how often and for how long):**

Headaches \_\_\_\_\_  
Pain \_\_\_\_\_  
AutoImmune Disorder \_\_\_\_\_  
Dizziness/Balance \_\_\_\_\_  
Sinus (Allergy, Congestion) \_\_\_\_\_  
Digestive (Constipation/Diarrhea/Reflux) \_\_\_\_\_  
Sleep \_\_\_\_\_  
Mental Health \_\_\_\_\_

On a 1-5 scale (1-worst, 5-best), how would you rate your: Nutrition \_\_\_\_\_  
Stress Management \_\_\_\_\_  
Exercise Habits \_\_\_\_\_

In what position do you sleep? back side stomach / What kind of pillow do you use? \_\_\_\_\_

#### ***For Clinic Use Only***

Thermographic Analysis Notes:

Postural Analysis → RSL      LSL  
   HRS      HLS  
   BLS measurement:

Radiographic Analysis Notes:

## Triad Upper Cervical Clinic

### FINANCIAL OFFICE POLICY

- 1) The initial appointment 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 structural balance analysis to see if you are a candidate for Upper Cervical Care. If warranted, x-rays may then be necessary. Day one fees are \$100. There is no charge if it is determined that you cannot be helped by Upper Cervical Care.
- 2) Dr. McIntyre then determines a goal-oriented “care plan” for you based on thorough study of the initial consultation, examinations, and x-ray results. He personally presents this plan in detail, including the associated time and financial commitments (and payment options), during the report of findings aspect of the second appointment, and he welcomes your questions to ensure that you are at ease before moving forward.
- 3) The clinic’s fees are based on the length of time that Dr. McIntyre would like to work with you rather than on the anticipated number of visits, a detail highly variable from person to person. This model is designed to facilitate a non-transactional doctor/clinic-patient relationship and to maintain focus on the goals agreed upon between you and Dr. McIntyre. The clinic fully understands modern healthcare costs and wants to ensure that money does not take precedent over that which is most important: your health.
- 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, one that emphasizes the process of regaining and sustaining structural stability and neurologic integrity.
- 5) Some of the services at the clinic can be billed to your insurance carrier, so you may request a detailed description of what you have paid coinciding with the services rendered, otherwise known as a “super bill.” Once sent to your insurance provider, they will process the claim, reimbursing you directly for a percentage of what you paid the clinic, dependent upon your out-of-network deductible since Dr. McIntyre is an out-of-network provider.
- 6) In regards to original Medicare plans, please note that the vast majority of the services provided by the clinic are not covered by Medicare (specifically thermography, structural assessment, and x-ray), and even what it does cover is very limited to what it deems “medically necessary.” The clinic will submit what it is allowed on your behalf through Medicare’s electronic claims portal, as required by law. Medicare replacement plans follow original Medicare guidelines, but reimbursement forms will be provided in accordance with part 5 of this financial policy.
- 7) Insurance policies are an arrangement between an insurance carrier and you, the insured. So, the clinic cannot guarantee that an insurance company will pay.
- 8) If you agree to the care plan that Dr. McIntyre advises, please remain committed through to its conclusion. The primary goal throughout modern American healthcare is to administer treatment without aiming to make fundamental change, but it is the clinic’s goal to make fundamental change rather than to merely administer treatment. Change takes time. If you discontinue care for any reason other than discharge from the doctor, then you will be expected to pay any remaining balance on your account, and prepaid services are non-refundable in these circumstances, though rare exceptions can be made on a case-by-case basis.
- 9) The clinic accepts cash, checks, and most major credit cards. You may also use health savings and/or flexible spending accounts. We accept Care Credit too.
- 10) 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) or text my cell phone 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.

Also, healthcare 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.

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Signature of Patient or Legal Guardian

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Print Name 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 or text to 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.