

Medicare, Chiropractic, me and YOU!



Medicare reimburses its beneficiaries (that is YOU if you're Medicare age and are signed up) for ONE procedure and ONE PROCEDURE ONLY when performed by a licensed Chiropractor (that is me). Medicare reimburses YOU, the Chiropractic patient for the CHIROPRACTIC ADJUSTMENT ONLY. When performed or ordered by me, the Chiropractor, they do NOT reimburse for:

Ancillary Treatments	Examinations	Manual Therapies
Acupuncture	Urinalysis/Lab Testing	Extremity Manipulation (arms, legs, jaw)
Dietary Counseling	MRI	Myofascial Release
Nutritional Therapy	X-Rays	Electrical Muscle Stimulation
Neuro Emotional Technique	Cat Scans	Manual Traction
	Physical Exam	Ice/Heat

Or ANY modalities other than the spinal adjustment. As a result, the ONLY service that you will receive reimbursement for in my office if you are a Medicare patient is the following:

- Spinal Adjustment of 1 or 2 segments (areas; cervical, thoracic, lumbar, sacral) of the spine - \$21.76
- Spinal Adjustment of 3 or 4 segments (areas, as above) - \$38.76

My current patients know that I typically spend 30 minutes on a regular office visit and, during that visit; we address diet, lifestyle, nutrition, emotional stress, structural problems, extremity problems, spinal problems, acupuncture imbalances, muscular imbalances, postural distortions, homeopathic needs and a host of other remedies and procedures. If you prefer that I ONLY adjust your spine in the areas indicated by examination and do NONE of the other procedures that are indicated, we will schedule you for a 5 minute office visit in which that will be the ONLY procedure that you receive. This is not my preferred method of practice and I will only render this service in this way to a Medicare patient who specifically requests it and signs a waiver and an Advanced Beneficiary Notice stating this as their preference.

By my signature below I acknowledge that I have been informed that Medicare will only reimburse me for spinal adjustments at the reimbursement rate noted above. I specifically request that the only treatment to be rendered to me under Dr. Hambrick's care is the spinal adjustment. I further attest that I have been informed that payment for this service is to be rendered at the time of the service and Dr. Hambrick's office will submit my claim to Medicare who will reimburse me if any reimbursement is warranted.

Patient Signature: _____ Date: _____

Witness: _____