

432B W. Mountain St. Kernersville, NC 27284

336-992-2536 <u>www.triaduppercervical.com</u>

Hello and welcome to the Triad Upper Cervical Clinic!

We are excited to meet you and to guide you toward becoming the healthiest version of you possible. Each of us has had life changing experiences with Upper Cervical Care and we will make it our goal to ensure that you achieve the same kind of results and support that we did.

Before you fill out your new patient form and read through our office policies, there are a couple of things we would like to bring to your attention.

- -Your initial appointment consists of a consultation with Dr. McIntyre followed by the non-invasive structural and neurological evaluations necessary to determine how Upper Cervical Care can help you. You will then receive via email a detailed breakdown of the day one findings. During your second appointment, Dr. McIntyre will review his plan for your case, go over all the details, and make your first upper cervical correction.
- -When you first begin care, your follow-up appointments must be kept. The clinical data collected during the early months is critical to Dr. McIntyre's ability to better help you progress.
- -To maximize your allotted time, please be on time. Triad Upper Cervical Clinic is purposefully not a high volume practice. We desire to spend quality time with you each visit so as to be able to thoroughly assess and communicate with you; therefore, we do not overload our schedule. Dr. McIntyre is typically 98% on time; how timely you are is just as important.
- -Rescheduling needs will arise, and though we would very much like for you to keep your appointments for the sake of maintaining peak scheduling efficiency, bear in mind that our flexibility to move your appointments to dates within the timeframe set by Dr. McIntyre varies. We utilize a text messaging service for reminders that is the best option for prompt rescheduling, but if you prefer communicating by phone, the best times to reach the office are 9AM-12PM and 2PM-3PM.

We look forward to working with you!

Dr. Chad McIntyre, Clinic Director Tabatha McIntyre, Office Manager

# **Confidential Patient History**

Name		Date	
Address	City	State	Zip
Best Phone# 🛴	Alt. Phone# <b>(</b> _)	Email	
Date of Birth	Occupation	Employer	<del></del>
Marital Status S	S M D W Spouse Name	Spouse Occupation	Children?
Have you ever i	received Upper Cervical Care?	How did you learn about o	our office?
To help Dr. McI	Intyre better understand your situati	on, please answer each of the	e following questions:
In terms of wha	at brought you here, what are the pri	mary . secon	darv .
	reasons?	,	, 
Any notable ph	ysical traumas during youth? In adulthood?		
•	nny major surgeries in your lifetime a	,	alized in the last 5
	ons do you take regularly? ents do you take?		
Please describe	e any issues you may have with the	following (include how often	and for how long):
Headaches			
Pain			
AutoImmune D	Disorder		
Dizziness/Bala	nce		
Sinus (Allergy,	Congestion)		
	stipation/Diarrhea/Reflux)		
Sleep			
Mental Health _			
On a 1 E agala (	(1aust [ hast) have would rear not	o rrong. Notwiti on	
On a 1-5 scale (	(1-worst, 5-best), how would you rat	Stress Management	
		Exercise Habits	
		Exercise Habits	
In what positio	n do you sleep? back side stomac	h / What kind of pillow do yo	ou use?
	For Clinic	Use Only	
	Thermographic Analysis Notes:		
	Postural Analysis → RSL LSI	1	
	HRS HLS		
	BLS measure	ment:	
	Radiographic Analysis Notes:		

#### 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 will then be necessary. Day one fees are \$150 in total. 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. You do have the right to terminate the plan early and receive a refund, to be calculated strictly pro rata. The clinic requires notice of plan termination by delivery of paper writing dated and signed by yourself or an authorized person.
- 9) The clinic accepts cash, checks, and most major credit cards. You may also use health savings and/or
- ıan

flexible spending accounts. We accept Care (10) Dr. McIntyre and his staff understand that th that to which you may be accustomed, so if y	e way things are done in the clinic may be different th
I have read and understand the Financial Office Policy	y and agree to abide by these terms.
Patient signature	Date

# **PATIENT CONSENT FORM**

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.

Also, with my consent, M. Chad McIntyre, D.C., P.C. (hereby referred to as "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.

Signature of Patient or Legal Guardian	Print Name of Patient or Legal Guardian

# **Cancellation Policies**

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 ontime 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.

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 on the day of by established patients will be subject to a fee of \$30.