

Instructions for Selected Forms

Some of the forms for use are direct and easily used. Some require some explanation in their completion. Some require some background knowledge and activity to use effectively. The following will attempt to give that to you. After all, if you don't know how to use a form, what good is it? If the file isn't listed here it's assumed that it's self explanatory and you should be able to figure it out yourself. If you have any specific questions contact me and I will try to help you. Dr. Ken Rich, 1340 W. Lambert Rd., #84, La Habra, CA 90631, drkenrich@bigfoot.com, (866) 279-0622.

On ALL preprinted letters make sure you cut and paste the correct dates, addresses AND INFORMATION IN THE BODY OF THE LETTER. Don't just copy it and send it. If it is a preprinted form or picture modify it to suit your own practice. It may have our old practice name in it.

MAIL

One point that is stressed in much of the paperwork is to use registered mail. You can send a letter with proof of mailing which costs less than \$1.00 and gives a postmark stamped proof of the date you took it to the post office counter. Use this when you don't need proof of delivery. The courts have consistently ruled that proof of mailing is sufficient to prove receipt in a timely manner (few days). After all, the post office never admits to losing mail if it is properly addressed and stamped. For those where you want proof of delivery send it registered or certified mail. This gives a guarantee of delivery for recent mail (6 months) with a track record at the post office showing date delivered. If you want to be absolutely sure it is delivered get a return receipt signed by someone at the delivery point (it doesn't have to be the actual person if it's at a business location and all you need is proof of delivery). This may sound excessive but a few dollars spent up front can save you hundreds of dollars when an insurance company or attorney decides to not pay you.

Directory of Bill Review

Attorney Cuts Bill.doc

It is a very common occurrence when a PI case settles for the attorney to ask the doctor to accept a reduced amount as payment in full for his billed fees. In order for this letter to have the best power it must have been preceded with the "PI Irrevocable Lien.doc" signed by the patient and doctor and faxed or sent by registered mail to the lawyer in the beginnings of the case (or at least as soon as you found out about the attorney). Essentially the three different case laws state that regardless of the percentage agreement the attorney has with the client, the doctor is not bound to it (payment in full) and the attorney is required to honor the lien regardless of whether he agrees to it or not. In fact, he is not required to sign in agreement because he is not a party to the contract. The contractual lien directs all other parties to abide by it. Failure to abide by it by the attorney (or even the other insurance company if you send a copy to them by registered mail) puts the attorney (or insurance company) in the legal position of being required to pay the doctor out of their own pocket if they pay the money to the patient or anyone else prior to the doctor being paid. Make a point of sending documents like these by registered mail - return receipt requested. As to any reduction, that's up to you so long as you know you don't have to.

Late Pay - Get in Line.doc

First - ALWAYS send you initial billing out within the first two days and the second billing out within the first 10 days. Always send at least these first two bills by registered mail to prove date of mailing. Most other providers (hospitals, ambulance services, other doctors, etc.) Generally send their billing on a slower basis. Payment legally is not based on date of service. It's based on date of receipt of the bill. If anyone tries to put you after another bill, require that they provide you dates of receipt on all billing prior to yours. If they don't follow proper dates of billing they can be taken to any court (small claims) and required to pay your bill out of their pocket even if the insurance is used up at that point.

Late Pay Complaint - GI.doc

Once you send a bill (proof of mailing) the general health insurance company has BY LAW "30 days of receipt (45 days if you are a Health Maintenance organization - HMO)." to pay your bill. Payment should be back to you within 45 days of mailing (gives two weeks for mail processing. Any claim processing is to be completed within the 30 days. "If unpaid it shall carry an additional interest rate on the unpaid amount of ... 10% per annum beginning with the first calendar day after the 30 or 45 working day period." Additional penalties and costs can be incurred through failure to comply with this law. FAX a copy of this to the adjuster at 45 days after you have told them of your plan to mail the complaint. With enough complaints the commissioner will do an audit of the insurance company that will pull your patient's records plus hundreds more. For each violation they will be fined plus forced to pay penalties and interest to all parties in complaint or found through audit. Insurance companies don't like this. There are no excuses for this. Claims review must be done by the insurance company - not an outside claims review company (they have no authority to even request or receive patient information). If it's being reviewed internally you must be notified within the time limit. At the end of the review you should receive the interest for the delay. This even applies to the initial claim submission.

Late Pay Complaint - WC.doc

Once you send a bill (proof of mailing) the general health insurance company has BY LAW the insurance carrier has forty (40) days to accept or deny the claim and if denied or placed in investigation to notify the claimant within thirty (30) days of notification of the claim by written notice that the claim is under investigation. The review can take up to 90 days but must be either denied or accepted at that time. Except for the initial 90 day review period. Once a claim is accepted, if a submitted claim is NOT paid within sixty (60) days of receipt the unpaid sum "...shall be increased by 10 percent, together with interest thereon at the rate of 7 percent per annum retroactive to the date of receipt...". The 7 percent per annum computes to a factor of 0.0001917 per day in interest. Use your proof of mailing to establish date of mailing and allow 7 days for actual delivery.

Reduce - FeeFacts 1.doc

Both this and the next letter may not be used much any more but they illustrate a potential problem. The insurance company may tell you your fees are too high for any reason. No one can set your fees. If you want to charge \$1000 per adjustment you can. Understand that the insurance company (your not a Preferred Provider) has a contract with the patient, not you. Their contract states they will "reimburse" the patient a specific dollar amount or a *Usual, Customary, and Reasonable (UCR)* amount. The patient is legally responsible for payment of any bill above the insurance company payment. THE INSURANCE COMPANY IS NOT! If you are the Preferred Provider you have entered into a contract to accept a specific dollar amount as payment in full for that service. The patient owes nothing more based on your contract. With Workers' Compensation bills the insurance company is required to pay state mandated fees. If they legally do not pay a fee, the patient (by law) is required to pay the non-covered fee.

Reduce - Inclusive Tx.doc

Any insurance company trying this tactic is way out of line and subject to harsh insurance commission handling. Some companies will try to state that the manipulation code includes an Evaluation and Management (EM) component and therefore billing for an exam on the same day is not paid. They are wrong again. You must note both the exam AND the treatment in your patient records (best in the SOAPs and by specific exam form). In your billing you must use the proper CPT code modifier for the manipulation to show that is an additional covered service on the same day. Denial beyond this makes real problems for the insurance company.

Reduce - Not UCR.doc

Read the letter to see it's use. Remember, you actually can be held criminally liable by the patient for submitting ANY information or answering ANY questions to any outside bill review company. If it's an internal review you must supply the requested information. Regardless of this, for UCR fees read the "Reduce - FeeFacts 1.doc" above.

Reduce - Unspecified.doc

If a given reason doesn't make sense or doesn't fit with the law (get a few law books. The sections in question are not long or difficult to read and understand. Check with a law bookstore.) Send a letter REQUIRING proof of law for the reason, what parameters were used based on the law, who made the decision without examining the patient, and any other question you may have. Insurance laws are specific, not arbitrary and subject to the whims of the insurance companies.

Resubmit Cover - GI.doc

This letter and the next are for insurance companies requesting rebilling. Why do they do this? Because if you resubmit a bill WITHOUT a cover letter like this their clock starts ticking at day one all over again and gives them a whole new 30 to 45 days to not pay. They will even do this multiple times in a row to doctors who don't know about this and are trying to give them the benefit of the doubt. Make sure you have sent your billing with proof of mailing so you can document it's initial delivery to them. If they claim they don't have it or never received it they will have to prove in court that the US Postal Service is at fault (not likely). In the mean time what they do with their internal paperwork trail makes no difference to their requirement to pay in a time limited manner. By the way, almost all insurance companies, because of the insurance commission's possibility of doing an audit, stamp and record EACH piece of mail received. They have it. Don't let them get away with it.

Resubmit Cover - WC.doc

Directory of For Your Information

All the following information sheets are for one basic purpose - marketing. Internal marketing to patients expands their understanding of chiropractic and how many things we can treat. The best use for this is to set up a calendar (Use Dates for FYI Sheets.doc) so that the every two days a different form is given to each patient. That way patients coming in less than daily will be given a new form on each visit. This will make the forms last for about 3 ½ months before they are repeated. Have the front desk give the form to the patient and say, "The doctor would like you to read this before he sees you today. Please sit down and read it. When you finish we will get you in as soon as we can." Have the staff and you get in the habit of asking for referrals by asking the question at the end of each sheet - "Who do you know who could use our help?". This is important to your practice. By just having them available on the wall or giving them but not requiring the reading you might as well tell them to make paper airplanes. The second marketing is external. Make a point of including pertinent sheets with any reports, billing, letters, etc. you send out. It will give the reader a broader understanding of the patient's condition, what you are doing and why. The forms are mostly single page with room AT THE BOTTOM for your letterhead. (That's the best place for it on these). Generally, the 2 page articles are for use to outside parties (MDs, insurance companies, attorneys, etc.). Only the "Trigger Points - 2 page.doc" form is different. Use this one as a hand out to every patient you find trigger points on or when specified in a mailing piece.

Trigger Points - 2 page.doc -

Use this one for a patient hand out to each new trigger point patient. Or if you send any information out (bill, report, Minimal Medical Report, etc. that mentions TPs) include this with it to explain them.

Use Dates for FYI Sheets.doc

Set up your own current calendar. Have a new page given out every two days.

Who Is Your Doctor.doc

This one should be used in conjunction with the Minimal Medical Report

Directory of Graphic Files

Most of these are for marketing. Any form with the ".wpg" ending must be opened with WP Presentation as a graphics file.

7-Signs of Stress.wpg

The 7 signs of stress are covered in the "Massage Therapist Script.doc" and in the "Script - 7 Signs.doc" given in the seminar or in the following marketing section. Without that, use the following points and develop your own. The 7 signs are 1.) Headaches; 2.) Trouble sleeping; 3.) Abnormal fatigue; 4.) Allergies (any kind); 5.) Mood swings; 6.) Pain anywhere in the body; 7.) Abdominal problems. Ask the person if they have any of these. If yes, which ones? Then tell them that research has shown that their complaint is abnormal if more than 4 or 5 times a year. Next, ask them how many times they have their complaint each year (they will realize their condition is abnormal). Ask if they would like to meet a specialist that can fix, not just treat the symptoms of, their complaint. Set an appointment.

AreYouHurting.wpg

This is best blown up to poster size and displayed in your office, in a window or at marketing displays.

Balance - Dynatron Balance Check.wpg - Use this if you have a Dynatron type machine or SAM unit

Balance - Free Anaysis Today.wpg - Use this if you have a Dynatron type machine or SAM unit

Balance - How Straight are You.wpg - Use this if you have a Dynatron type machine or SAM unit

Cash Price Cheaper.wpg

This is great to put on your front counter to explain why cash prices are cheaper. Read it.

Intake flyer form.WPG

Use this for outside marketing at displays before you talk to someone.

Level of Health.wpg

Make a poster of this for your front office where patients will see it. Make a 8 ½ x 11 handout for patients as they near getting out of pain or are about to be released.

RBRVS Codes Costs.wpg

This is different than the "Cash Price Cheaper.wpg". This is great to put on your front counter to explain why cash prices are cheaper. It can work with the other form. Read it.

WC Poster - The Law Says.wpg

This is best blown up to poster size and displayed in your office, in a window or at marketing displays.

We Are Different.wpg

This is best blown up to poster size and displayed in your office, in a window or at marketing displays.

Where are You on this Chart.wpg

This is best used for patients in the Report of Finding (3rd or 4th office visit) to show the patient the normal pattern of recovery if someone stops treatment when they are out of pain but not rid of the underlying problem (trigger points, infection, malnutrition, subluxation, etc.). The purpose is to get the patient to understand and accept why they should continue treatment beyond when the symptoms are gone. It increases patient retention.

Directory of Humor

These are just some fun things to have in your office from time to time.

Directory or Management

Most of these are self explanatory.

ADL.doc -

Activities in Daily Living are something that almost ALL doctors do but don't know they can bill for this service. It's defined as anything that you or your instruct your staff in that can benefit their recovery. The two different codes only differ in work or home environment. The use is defined based on the time limit stated. WC is always 30 minutes. Most PI, GH and others are 15 minutes. It is stated as "30 minutes (the WC time limit) OR ANY PORTION THEREOF."

Even if you only take 20 minutes to demonstrate a home exercise or discuss a nutritional supplement it counts as the "PORTION THEREOF" and is charged at the Primary dollar amount (the listed \$\$ are Medicare. Make sure you use higher amounts for WC and IG/GH.). If the time goes beyond the time limit you use the same CPT code a second time and charge

at the Additional dollar amount. This is a lower fee since you already started the ADL process and therefore shouldn't take as much effort to get it started for the second time period. If you do 40 minutes on a PI/GH case you would have 3 line entries. 1. Primary \$ for the first 15 minutes, 2. Additional \$ for the second 15 minutes, and 3. Additional for the remaining 10 minutes.

CPT Codes.doc

These codes overlap. When you call to verify benefits or if you get denied payment for a "Non-covered" code call and find out which one they do pay and then recode and rebill.

Staff Procedure Manual

This will be one of the most time consuming but most valuable tools you will have in your office. Once it's done you will be able to hire staff, have them self train and do continuous quality work because all they have to do is follow the instructions. Just make sure they are simple, concise and detailed to the task.

Directory of Marketing

A lot of new files have been added regarding specific marketing methods. Read them directly for use. There are several files regarding buying and selling a practice.

Most of these are two page (front and back) flyers you can use as desired. Modify the content if you so desire. If you don't want to have an outside printing service do them, print the graphic page (pictures only) off on plain paper or bordered paper as it will fit. Then run them through your copier with the text portion being copied onto the graphics.

Employee No \$\$ Health Plan.doc

This needs to be printed into a flyer plus an agreement type of presentation. The goal is to become the company Doctor of Chiropractic. Approach business directly with the possibility of doing safety classes for their employee groups during their lunch hour. When you do make sure the boss knows you are not there trying to drum up business. That's a real negative for them. You may do this - Tell the boss and the employees that you are not there to pass out your business cards. If anyone wants one they will only be able to get them from the boss and you will refer and specific questions of coming in to the boss while you are doing the safety training.

Golden Tidbits of Thought.doc

This is a collection of quick ideas associated with marketing and management that don't require a full page explanation. Each one should be expandable through your own thought process.

Health Care Guarantee.doc

For several years, before I gained a partner, I had this guarantee. It was simple. Every patient was given this to read and sign on the first office visit. If they followed my instructions (appointments, nutrition, exercise, sleep, change in activity, etc.) for 7 days it became effective. At the end of the 7 days if they didn't feel any improvement at all, all they had to do was tell me and the guarantee was exercised. I would refund any money out of their pocket (deductible, co-pay, cash, etc.) but not what I had billed outside of the office. They were then allowed to leave and find another doctor. In 4 years I never had a patient who asked for their money back. Why do this? Marketing. It impressed on the patient my effectiveness, concern for them, and increased their acknowledgment and commitment to staying as a patient. Many new patients came in as direct referrals when existing patients told them of my guarantee. What if someone exercises it? Good, it costs you little and gets rid of a potentially troubling patient early.

Health Screen.doc

Used at outside health screens.

Massage Therapist Script.doc

It is vitally important for the person using this script in outside marketing to memorize it fully and strongly. Using a memorized script makes it easy for a person to hit key points automatically without trying to think of what to say. Without it important parts are missed and

key selling points are not made. This allows the speaker to focus on the buyer's response. Let the mouth run on automatic. This can be used with the "7 Signs of Stress.wpg" or without it. In situations where it is used outside the office set a timer for a FREE 3 MINUTE MINI MASSAGE. Set the timer in front of the buyer so they know it's timed. When the timer goes off you should be done with the script, have found trigger points, have the patient test and feel the difference from before and after, and are now ready to set a PREPAID office exam for next week. Without the timer or script the tendency is to stray from the script, take a lot longer massaging some buyers if no one is waiting, and make others wait longer for their turn. When no one is waiting you want to finish quickly so you can start getting more people to your location. Without the PREPAY for the office visit the buyer is likely to set the appointment and never show up (statistics show more than 90% don't show up). Tell the buyer the charge will be for treatment after the examination *if they, the buyer, decides to have treatment*. If they decide to have the exam but not the treatment their money is refunded to them after the examination - no risk.

MD patient letter.doc & Minimal Medical Report to MDs.doc

ALL doctors are required by law to be responsible for and read ANY medical reports sent to them on their patients. Generally, staff pull the patient's file and give it to the doctor at the same time they give the medical report. The purpose here is marketing and generating future referrals. If every patient is asked to give the last medical doctor they've seen in the last 6 years and for what reason then use this to notify the MD at or near patient release of what a good job you did. Eventually, after they have read a few of your letters they will recognize your letterhead and name. You might even include a "For Your Information" sheet on the relevant condition (not a practice brochure = bad tactic) to broaden their understanding of what you do and treat. Someday, when a patient asks them who they should go to for chiropractic they will respond. They can't bad mouth chiropractic or tell a patient don't go because they can be sued for malpractice. All they can say is they don't know any chiropractors. Or they can say, "Some of my other patients seem to have good results with Dr. (your name). I don't know anything about it but if you're determined to find one you might try him first." Not a bad referral opportunity.

Pain - Swapmeet flyer.doc

I used this with a few people handing out the flyers around a swap meet where I had a booth set up. I would have patients pay \$10 for a sample treatment that day. What I did was do a mini consult/exam to make sure it was something that wouldn't preclude mild trigger point therapy and a mild adjustment without extensive x-rays. During the exam I'd have them do ranges of motion within the limits of pain (before pain was increased). Once that was cleared I'd do a little trigger point therapy on them and do a mild adjustment. Then I'd ask for any differences in how they felt or any improvement in ROM. Generally, results were 40% to 60% improvement. Now the patient was ready to sign up to come into the office on a PREPAID basis as described in the "Massage Therapist Script.doc" above. From experience, most patients don't really want or accept what is on the charts, done by SAM units, or on basic intake forms. They want to experience what it is at a safe position - outside of an office. Once they did that they were willing to go to the next step, make an appointment. I found that about 2/3 of the people that were willing to pay had never been to a DC but had wondered what it was. For \$10 they were willing to find out. I got paid for my time. Experience was 20 to 40 people per day with about 1/3 making PREPAID appointments to come in.

TMD - Brochure.doc

The TMD pages are for presentation to dentists. Dentists have many patients coming to them every month with jaw pain from bruxism (uncontrollable clenching or grinding of the teeth, generally while they sleep) but have nothing they can do for them except give them a mouth guard to prevent damage to their teeth. Doing trigger point therapy (or others) will relieve the pain. Having the patient use the OralSesnor unit from Cycura, Corp. in Sacramento (www.cycura.com) actually breaks the bruxism habit while they sleep. Working with dentists to treat the pain, stop the habit and make them the hero (or just have them refer the patient to

you) will be worth \$600 to \$1500 per patient referral. The device is easy to fit to the patient and you don't have to be a dentist. Contact Cycura for more details.

Directory of Misc. Information

DRG - Concepts.doc

Read and use this information directly.

HCUP-3 DRGs.doc

These two are the key to knowing how to beat the PI adjuster's argument that your bill is outrageously expensive. The last line in the HCUP file is the website to go to get the \$\$ for your specific county.

Directory of Office Forms

3 Visit Instruct.doc - A sample procedure for staff for the first 3 patient office visits.

Activities in Dailing Living.doc

ADL is something almost all doctors do for patients for free. It should be billed. No time limit is set except that the first 30 minutes are billed as primary and each 30 minutes or portion thereafter is billed as additional (reduced \$). For all insurance patients what you say should be documented briefly in the SOAP notes as "ADL - topic, key points". Then bill it with the proper CPT codes. For cash patients offer this form and tell them your fee for such ADL training (\$20, \$30, etc). Give them the understanding that it will help them recover faster and better and save them money and time in the long run. If they want it, they pay for it. If not, don't do it. You're not getting paid for it. It's your time.

Appt Perscription Calendar.doc

The calendar is for 2001. You will need to create an up to date calendar. This is used to set multiple future appointments based on the doctors prescription for treatment. The best way to use this is to give it to the doctor with the patient when new appointments are needing to be set. Have the doctor fill in the top portion (generally 2 to 3 weeks at a time), inform the patient of the prescription and return it to the front desk. The staff will fill in the appointment book while the patient checks off the calendar date boxes. The patient takes the form with them. This leads to much better retention and compliance.

Billing Cover Checklist - GI.doc - Used with all general insurance billing as it goes out.

CertMail - Multiple.doc - copy of Post Office forms you can have in the office.

Cover Sheet 4 NP.doc

New patients should be set for a Report of Findings (important for marketing and retention) on the 3rd or 4th office visit. It takes a few visits to prepare the patient and the paperwork.

Sometimes patients slip through the cracks and never get the ROF. Using this as a top sheet (in bright orange, red or green) on the patient folder helps keep the office on track.

Cover Sheet.doc

This is used as a clean, fast information sheet with critical information regarding the patient file as a top sheet for fast use.

EM Codes Instruct.doc - Many doctors do not fully understand E & M codes. Here are the details.

Employee Handbook.doc - This is a large handbook to cut and paste from for your office use.

Employee Pay Scale.doc - This is a sample pay scale. Tailor it to your situation.

Finance Policy - Full Fee.doc

Patients receiving or expecting receipt of outside payment for their health services usually don't understand that they are personally responsible for their bills and that the outside payer only reimburses them for their contracted expenses. This financial policy spells important key conditions out to patients. Every insurance, WC, or PI case should sign it and take a copy home with them.

Finance Policy - Reduced Fee.doc

This CASH patient policy spells out that only the actual service they receive on any day is paid for by their fees. No paperwork other than the minimal legal requirement is done for them, no phone calls are completed and no reports are prepared unless paid for IN ADVANCE at \$50

per page. Show them the "Cash Price Cheaper.wpg" above so they understand (you should have it on your front counter). When a patient turns their receipts for cheap service fees over to their insurance company and expects reimbursement or tells their PI case attorney that you've been treating them you suddenly get requests for reports, bills, documents, etc. If the patient wants your cooperation they should pay for these services at \$50 per page or per phone call. This cost is justifiable. Otherwise your sole legal requirement is to make the patient record available for copier service outside of your office to come in and make a copy of the record (with this you should be paid \$10 to \$20 for making the record available). Why work for free?

Home Care Handout.doc

Often you want the patient to do standard things at home to aid in recovery. You can use this to give them the information with minimal time of explanation and still bill for ADL.

Ins Billing Log.doc

Billing insurance companies without high quality software to track your billing is difficult. Even with many software billing programs a back up system for tracking billing helps track late pays, missed payments and document mailing dates. By filling in the information in the boxes, especially the dates billed and date mailed you can easily track when payment is late or not paid. By doing it in ink you can establish a documented mailing pattern useable in court if necessary. The large box is for written dates and comments regarding the bill and conversations with adjusters or attorneys.

Ins Verification Agreement.doc

One problem faced by many doctors is the patient misunderstanding that their insurance pays everything and they don't have any responsibility. By using this form and having to patient sign it you eliminate this problem before it gets out of hand.

Loan to Business.doc

If you are a sole proprietor all practice income is considered personal income but not all expenses are considered business expenses. If you are incorporated there are two separate and distinct legal entities - you and the corporation. The corporation pays you an income. The corporation pays its own bills. However, if you have to take money out of your declared income to help pay a corporation expense you need to document it as a loan to the business. Then, when you get reimbursed by the corporation, the new money paid to you is not considered income and not subject to taxation. Sorry, this is for corporations.

Massage Therapist Agreement.doc

If you do not handle a contract with a massage therapist right they can be declared employees and you can be subject to all the fees and penalties for not paying their taxes, covering their unemployment and workers compensation. This contract is based on a specific pattern of use. Set what times you will schedule patients for massage (generally every 30 minutes - 20 minute massage or 50 minutes for 1 hour - with 10 minutes between patients for dressing and clean up). Make a private EMPTY room available for these appointments. Ask the MT what days and hours they want to commit to covering and put it in writing. They must provide their own table, oil and music as they desire. You must adamantly cluster book because the MT doesn't get paid unless they are doing massage. The MT must be informed at least the day before what their patient schedule is for the next day. By letting them commit to their own schedule your sole job is to schedule patients for them and pay them regardless of how and when you collect. This helps establish them as independent contractors. If you desire them to do specific types of massage (i.e. trigger point therapy, cross friction, Rolfing, etc. make sure they are willing and able to do as desired before you contract with them. If they don't you can always terminate the contract.

Medicare Fee Warning.doc

Medicare in California (and some other states) pays 12 times per year per diagnosis. In Arizona it pays 12 times the first month, 8 times the second month and a total of up to 46 visits per year per diagnosis. This is because it is administered by different insurance companies

and NOT specified in Medicare guidelines. Even with this Medicare requires you to perform an examination and bill for it without reimbursement from Medicare. If you do any therapies other than manipulation you are required to bill for these as well and the patient is required to pay for them. If you don't bill for them you are subject to a \$2000 per billing line entry penalty if you do not enter them in billing but do document treatment in your SOAP notes. If you don't enter it in your SOAP notes you are liable for malpractice. The Medicare patient often thinks you will do these therapies for free. You do all the work and get paid very little for all your effort, staff time, billing processes and collection. It's better financially to either NOT accept Medicare patients who want it all for nothing or to convert the patients to CASH with the understanding that if they send their receipts to Medicare they will have to pay all the additional costs that Medicare doesn't pay. This way you have minimal paperwork and get paid better than Medicare pays. It is legal to lump multiple therapies and bill as an office visit. Unfortunately Medicare will not pay for a CPT coded office visit. That's fine. Have the patient choose to pay the OV fee or the full therapies fee. If they choose to go elsewhere, let someone else have the headaches and face the financial loss of paperwork.

Narrative Report Worksheet.doc

This worksheet is a cut and paste worksheet for report writing. It originally was for MBA 7000 practice management software but it can be used on it's own. The doctor can check off the appropriate parts and fill in the blanks to have someone else type the report or use a computer to cut and paste. Use it as a guideline only. Refer to the "PI Long Narrative.wpd" sample for greater detailed examples of a report.

No Show Patient Survey.doc

Send this out with a free office visit offer if they respond. You will be surprised why patients don't return. It will help you manage your office.

Notice of Assignment to Ins.doc

Without this form the insurance company can pay the patient directly and when he or she doesn't pay you, your only recourse is to sue the patient to try to get your money. If you get this signed and transmit it to the insurance company you can take them to court (small claims) and get a judgement to have them pay **EVEN THOUGH THEY HAVE PAID THE PATIENT**. This is much easier than going after the patient.

Notice of Lien to Atty.doc

Send this with the Irrevocable Lien to the attorney or the attorney can pay the patient directly and when he or she doesn't pay you, your only recourse is to sue the patient to try to get your money. If you get the Irrevocable Lien signed and transmit it to the attorney with this letter you can take the attorney to court (small claims) and get a judgement to have them pay **EVEN THOUGH THEY HAVE PAID THE PATIENT**. This is much easier than going after the patient.

NP Checklist.doc

On the very first office visit specific tasks should be done for new patients. This check list helps staff to get each one done in order and gives responsibility to the front desk person to make sure they are done. One of the bad things doctors do is step out into the front and take patients back before the paperwork is ready. Let the staff do their job and even nicely tell you to please "go back to your room" if they aren't ready for you to take over yet. Modify it to fit your office procedures.

NP Welcome Letter.doc

This is given to the new patient by hand as they are leaving the office on the first visit. It helps solidify the contact with the doctor and staff.

NP-Tracking log.doc

Sometimes new patients fall through the cracks - when you get busy. This helps track and assure the basics are done in a timely manner.

Packet Instructions.doc

If you have separate packets for each type of case (very good idea!) So staff don't have to try to remember what forms to give different patients, these instructions can help the patient process those forms at the beginning of the office visit.

Patient Massage Agreement.doc

Patients should be required to read and sign this agreement before their first massage appointment is scheduled. There will be fewer surprises and problems with it completed and a copy given to the patient.

Patient Photo Album.doc

Have the patient fill in the first half of the form (two patient forms per page - cut in half page sizes) in the first week of care. Later, as they feel better, take a nice picture of them. When it's time to release them have them read what they wrote and complete the bottom half of the form. You will be surprised how they won't remember how bad they originally were and how happy they are with your care. Put the forms into a 3 ring binder under different diagnosis sections for potential new patients to read comments from other patients with similar conditions to their complaints. It's a great testimonial tool!

Patient Symptom Chart - Script.doc

This is a script for the video for the Patient Symptom Progress Chart which was never made. Sorry. But use it as a guide for what to say to patients when you instruct them on how to fill out the chart for the first time.

Patient-Appt-Calendar2001.doc

The calendar is for 2001. You will need to create an up to date calendar. This is used to set multiple future appointments based on the doctors prescription for treatment. The best way to use this is to give it to the doctor with the patient when new appointments are needing to be set. Have the doctor fill in the top portion (generally 2 to 3 weeks at a time), inform the patient of the prescription and return it to the front desk. The staff will fill in the appointment book while the patient checks off the calendar date boxes. The patient takes the form with them. This leads to much better retention and compliance.

Physical Therapy Info.doc

This is a list of pages for different therapies that can be posted by each therapy for patients and staff to read and become better informed about your therapies.

PI Lien Mailer.doc

Send this as a cover letter to a PI attorney on a patient. It removes a lot of potential problems when the case settles.

Pre Pay Plan.doc

Prepayment is legal if you do it for a finite number of appointments NOT for treatment of a specific condition (that's insurance). This is a sample form for your use or modification.

ProcedureManual.doc

This manual is very detailed and thorough for most office situations and form completions. Use it or modify as your practice needs.

Professional Referral.doc

Proof of Service.doc - A form you can use at the post office for proof of mailing.

QME Disclosure.doc - this is required in any QME report you may do.

Report of Findings - Generic.doc

The Report of Findings forms and scripts are for use as you desire. A ROF should be done on the 3rd or 4th office visit. It's purpose is not to teach philosophy but to market to the patient the necessity for care, what to expect and what to focus on for healing. Generally patients only want 4 questions answered. What's wrong? Can you fix it? How long is it going to take? How much is it going to cost? Keep it short and to the point and get agreement from the patient on care. Have them read the last sentence on the page and sign the form. Give them a copy. The treatment and costs estimates are ranges as per your experience and expectations. Generally,

consider the best and easiest patient and the worst patient with the same conditions as the low and high of your ranges.

Report of Findings - Long.doc

This form follows the same order as the examination form for easy completion. Its purpose is for quick and simple reports requested by outside entities. Use it if you expect this to be required (PI, WC and GH) and think that the requesting entity will wonder if the patient was ever informed about the longevity and cost of care. Get your ranges of care and costs ready in advance by using the "Total Charges DDX checklist.doc".

Report of Findings - Symptoms.doc

Use this if you use specific symptoms other than trigger points for determining when a patient is ready for release.

Report of Findings - TPs.doc

Use this if you use trigger points for determining when a patient is ready for release.

ShiftChange.doc

If you have extended hours and changes in staff this helps get the next shift on important tasks without loss of service.

Short Narrative.doc

Use this as a fill in the blank report when an attorney or company requests a short (\$65 - \$100) report instead of a long report.

Stop Care Form.wpd

A patient that stops care can come back on a malpractice case against you. This helps get a patient back in or out of your office and you off the hook.

Total Charges DDX checklist.doc

This and the next form are for development of your own treatment protocols. Choose the different diagnosis that you generally treat and ICD-9 codes you usually use. Do 4 sheets for each diagnosis - Acute (Severe), Acute (Mild/Moderate), Chronic (Severe), Chronic (Mild/Moderate), Give a range for a generally good case (fast recovery) and a bad case (longer recovery) on each sheet. Now you figure out the expected costs based on your fees and use these to plug into your ROF forms for fast easy completion when a patient comes in for their ROF. (The completion of the ROF form should take about 2 to 3 minutes total time if you have these sheets ready in advance.)

We Want a Check.doc

This is an excellent form to have patients fill out if you are going to market to various doctors in your community.

Directory of Patient Forms

Most of these forms are completed by the doctor or staff NOT by the patient. Any form with the ".wpg" ending must be opened with WP Presentation as a graphics file.

Diagnosis Sheet.doc

Circle each diagnosis and give it a number for Primary, Secondary, Tertiary, etc. On the back is the check list for what to have the staff write onto the Patient Symptoms Progress Chart.

Exam Re-exam.doc

This form is in the same order as the full first exam forms. By having the original examination forms on hand you can retest only what was positive on the initial examination and quickly document an actual examination for billing purposes. Use the proper CPT modifier to get payment for all services performed that day.

Patient Progress Report.doc

This form should be filled out by the patient on the initial office visit and periodically (3 to 4 weeks) thereafter. By not allowing the patient to review the old form and comparing the initial and subsequent forms you can document progress.

Patient Symptom Prog Chart.wpg

This form, if used as directed in the seminar or in the instructions on the page, can be as good as gold in your practice. It will convert the patient from a focus on pain to a focus on trigger points as indicating when they are done with treatment. It will provide an instantaneous and absolute documentation for the necessity for ongoing care when any payer questions the need for further care. It will validate the point when a patient reaches release or plateaus for maintenance care. It is the single most critical form to increase retention of a patient and document the need for ongoing care. Spend the time on the 3rd or 4th office visit to explain to the patient how to fill it out and then have the patient fill it out as they LEAVE at the end of each office visit. Have them use their own handwriting to make it a legal document.

PI Irrevocable Lien.doc

This form has been developed with the purpose of making a legal and binding contract with the patient which covers all the bases and is in simple layman's terms so that it can't be challenged as not understood by the patient when a PI case settles. Sending a copy to the attorney AND all insurance companies puts all parties into a bound position regarding payment of your bill upon settlement. By law any party to payment who is notified of (sent a copy by registered mail) must abide by it regardless of whether they agree to it or not. *If they don't they can be taken to court and ordered to make payment to you even if they have already given money to the patient.*

Post Concussion.doc - This should be made a part of all PI cases.

Review of Systems.doc - by using this form on all exams you can increase your Evaluation and Management code for increased billing purposes.

Work Restrictions.doc

Copy this form onto bright orange, yellow, other neon color so that when it's given to a boss it won't get lost in the desk paperwork shuffle.

Directory of The Law

Read and learn how you've been giving the farm away because you don't know how the law is there to help and protect you - not the insurance company.