

Client Check Out Form

Client Name _____
 Date of Service _____ DOB _____
 File Type (price level) _____

Address _____
 Phone _____ Insurance Deductible _____
 E-mail _____ # of visits to submit _____

Chiropractic Procedures				Naturopathic Services		
Ck Here	Procedure	Code	Units	Procedure		Circle Here
	Adjustment Check Clear	99211		eMHP	Expanded Male Hormone	\$318.00
	Laser Tissue Therapy	S 8948		eFHP	Exp Female x 11 Hormone	\$555.00
	Laser Plan 6 Visit	\$200		PeriM	Perimenopause Female Hormone	\$250.00
	Laser Plan Use	\$40		ePostM	Expanded Postmenopause Hormone	\$318.00
	Medicare Adjustment	98940/98941		GI-2	Expanded GI Saliva/Stool Hormone	\$200.00
	Adjustment 1-2 Regions	98940		ASI	Adrenal Stress Index Saliva Hormone	\$333.00
	Adjustment 3-4 Regions	98941		HA	Hair Mineral Analysis	\$275.00
	Adjustment 5 Regions	98942				Circle
	Extremity/Trigger Adjust	98943		MC	Modifier Charge (\$25)	1
	Same Day, Second Adj.			HC	Herb Check (\$25)	1
	Sinus Release					Units
	Exam (99213) ~ \$200	99213		CO	15 Min Consult	
	Exam New (99203) ~ \$200	99203				Circle
	Brief Exam (Ex) (99211) ~ \$100	99211		BT	BAX 3000 Treatment	\$75.00
	Brief Hx & Exam ~ \$150	99212		SB	SSBAX Practitioner Comm Use (1, 2 or 3)	1 2 3
	Orthotics casting	97760		SBP	SSBAX Plan	\$619.00
LC	Lab Order Standard	\$346		EDR	EDS Rescan	\$150.00
LC	Lab Order Custom	\$		ROF	ROFindings NMT (Ex Patient)	\$150.00
ROF	ROFindings Chiro 94941	\$150		ROF	ROFindings NMT (New Patient)	\$0.00
ROF	ROFindings NMT (Ex Pat)	\$150		NMT	15 Min NMT (# of units @ \$50)	
ROF	ROFindings NMT (New Pat)	\$0		NMT	NMT New Patient	\$350.00
NMT	15 Min NMT	\$50.00		Bodywork		# Units
	Modifier Charge	\$25.00			15 Min CST	
Making Referral To:					30 Min CST	
	Dr. Aaron				30 Min Massage	
	Dr. Rob				60 Min Massage	
	Christine				90 Min Massage	
	Tammy				15 Min Massage 97014 PI/WC	
	Leah				15 Min Manual 97112 PI/WC	
	Jonnie			J	15 Min Massage 97124 PI/WC	
	Miranda				15 Min Manual 97140 PI/WC	
Recommendation: 30 min, 45 min, 60 min				J	15 Min Acupuncture	
Notes:				M	15 Min Acu/PI 97810	
Chiropractic Next Visit				M	15 Min Acu/PI 97811	
1 wk / 2 wk / 3 wk / 1 month / Other: _____				M	15 Min Auriculotherapy	
Practitioner Initials: _____					Rain Drop Therapy	
Client Initials: _____						
Notes for scheduling:				1 wk / 2 wk / 3 wk / 1 month / _____		
Practitioner 1				15 min / 30 min / 45 min / 60 min		
				Notes:		
Practitioner 2				Client F/U: 1 Day 3 Days 1 Wk 2 Wk 3 Wk 1 Mth 1 Yr		
				Practitioner: AM RL CS MM LS JS JG		
				BAX <input type="checkbox"/> Exist <input type="checkbox"/> Herbs <input type="checkbox"/> Intro <input type="checkbox"/> NEIT <input type="checkbox"/> New <input type="checkbox"/>		
				Prayer <input type="checkbox"/> Supp Ck <input type="checkbox"/> Test <input type="checkbox"/> Treat/Service <input type="checkbox"/>		

Key: BAX (RL,CS,AM); Exist (Team); Herbs (CS); Intro (Team); NEIT (RL,LS); New (Team); Prayer (TK,TF); Supp Ck (BG);
 Test-Blood/HA/Hormone (CS,RL,AM); Treat/Service (Team)