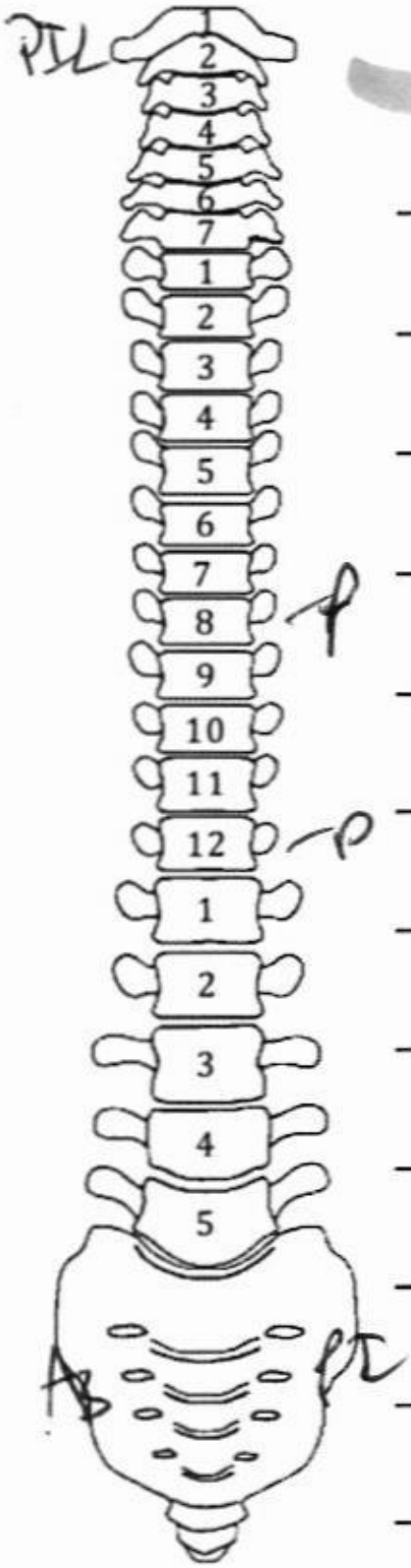
Carroll, Sally

Patient Name

1-28-41

Date of Birth



Balance

foot pain

Low back

CD

LD

RPW

INITIAL CARE PLAN

Ins. Adj. & Decompression

Deines Chiropractic
307-673-5075
1821 S. Sheridan Ave
Unit A
Sheridan, WY 82801

Patient: Sally Carroll **DOB:** 1/28/1941

DATE: 8/15/2023

INITIAL CARE TREATMENT PLAN:

4x/week for _____ weeks = _____ visits

3x/week for _____ weeks = _____ visits

2x/week for 12 weeks = 24 visits

1x/week for _____ weeks = _____ visits

Adjustments: 24

Decompression: 24

Radial Pressure Wave 12

YOUR BALANCE

Initial Care ONLY: $ 3082

This value represents the patient's financial responsibility after insurance and any care not covered by your policy. We may bill you for any outstanding balance beyond this or credit your account if an overpayment occurs. For your convenience, all financial arrangments are made before your care plan begins.

PAYMENT ARRANGEMENT

Basic:

☐ **PAY IN FULL** $ 2359

☒ **Payments** $ 2622

☐ 3 Payments $ 874

☒ 6 Payments $ 437

on the TBD **of the month**

Please Note: First payment 8/22/23

- Any discounts given are based on completion of recommended initial and/or wellness care. Your results with your problem are based on your follow through. Only start if you plan on completing all visits based on the chiropractor's recommendation.
- This office specializes in addressing vertebral subluxation. We are not responsible for the diagnosis or 'treatment' of medical conditions outside the scope of chiropractic.
- Regardless of any third-party arrangements please know you are responsible for your bill.
- If care ends prematurely, you are only responsible for the charges you have accrued up until that point at the clinic fee charge.
- We might use your name or photo during the normal course of business.
- All prices and payment plans are based on the duration of the care plan. Visits left unused will expire one month from the original care plan date unless otherwise arranged.
- All late payments will be charged a $30 late fee and a 10% late fee every month thereafter.
- Exams & X-rays within care plan (progress checks & Re-Exam) are included complimentary, but may still be submitted to your insurance policy.
- If your insurance covers more than we anticipated, credits or refunds will not be issued until we have received an EOB from your insurance company for all services rendered.

☐ **I am aware that insurance checks will be sent to me, and I will bring them in and sign them over to be applied to the total cost of my care and deposited by Deines Chiropractic.** _____ (Initials)

PATIENT SIGNATURE: Sally Carroll **DATE:** 8-16-23

STAFF INITIAL: LG

State Farm Mutual Automobile Insurance Company

HEALTH INSURANCE

MEDICARE SUPP 'F'
Policy # HE948048 5050

Insured: SALLY CARROLL
Agent: ANN E GARDNER (307) 672-5815

SEND ALL BILLS TO:
State Farm Health Insurance
P.O. Box 339403
Greeley, CO. 80633-9403
PHONE: (866) 855-1212

Wyoming USA

DRIVER LICENSE

DL

4d 100792-530

1 CARROLL

2 SALLY ANN

8 160 EDWARD COURT
SHERIDAN, WY 82801

01/28/1941

3 DOB 01/28/1941 4b Exp 01/28/2026

15 Sex F 16 Hgt 4'-11" 17 Wgt 160 lb 18 Eyes BRO

9 Class C 9a End NONE 12 Restr NONE

4a Iss 01/25/2021 5 1000152653

MEDICARE HEALTH INSURANCE

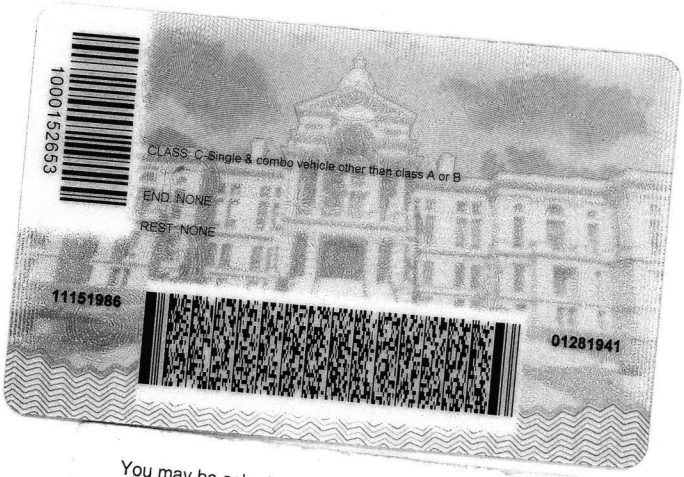
Name/Nombre

SALLY A CARROLL

Medicare Number/Número de Medicare
1M83-W25-UD00

Entitled to/Con derecho a
HOSPITAL (PART A) 01-01-2006
MEDICAL (PART B) 01-01-2006

Coverage starts/Cobertura empieza



You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. **¡ADVERTENCIA!** El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227 / TTY: 1-877-486-2048); **Medicare.gov**

A. Notifier: Deines Chiropractic Clinic

B. Patient Name: Sally Carroll **C. Identification Number:**

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. Services **below, you may have to pay.**
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** Services below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
1.) 98941 - Manipulation 3-4 regions	Limited visits covered	70.00
2.) 98940 - Manipulation 1-2 regions		70.00
3.) 99203 - X-Ray Full Spine	Not a covered service	150.00
4.) 99203 - NP Detailed		185.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** Services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☒ **OPTION 1.** I want the **D.** Services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** Services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3.** I don't want the **D.** Services listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).
Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature:	J. Date:
Sally Carroll	8-15-23

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

About You

Deines Chiropractic
307-673-5075
1821 S. Sheridan Ave
Unit A
Sheridan, WY 82801

Legal Name: SALLY CARROLL

Preferred Name: "

Address: 160 EDWARD CT **City:** SHERIDAN **State:** ____ **Zip:** ____

Cell Phone: 307 752-4081 **Home Phone:** ____ **Email:** bobsalways@gmail.com

Birthdate: 1/8/41 **Age:** 82 **Gender:** M (F) **Significant Other:** widow

Who referred you? ____ **Employer** RETIRED **Type of Work** ____

Emergency Contact MARK CARROLL **Phone #** ____

Have you been to a chiropractor before? (Yes) No

If yes, how long ago? ____

- I authorize the doctor or his staff to render care as deemed appropriate for me and/or my child
- I authorize Deines Chiropractic to release and/or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- I understand that after any initial promotional services, all care is rendered at usual and customary fees.
- For my balance my preferred payment method is: ☐ Cash ☐ Check ☐ Credit Card

Sally Carroll — **Patient/Parent Signature** (This represents a long term authorization for all occasions of service)

8-15-23 — **Date**

☐ **X-ray okay for minor**

Present Complaints

1. Walking / balance — **How long has this been an issue?** 2/3 years

IS IT: ☐ Dull ☐ Sharp ☐ Ache ☐ Numb/Tingle ☐ Stabbing ☐ Constant ☐ Occasional ☐ Staying the same ☐ Getting worse
☐ Mild (Moderate) ☐ Severe ☐ Worse in the morning ☐ Worse in the evening ☐ Pain radiates to ____

2. Numbness in hand — **How long has this been an issue?** 1 yr.

IS IT: ☐ Dull ☐ Sharp ☐ Ache (Numb/Tingle) ☐ Stabbing (Constant) ☐ Occasional ☐ Staying the same ☐ Getting worse
☐ Mild ☐ Moderate ☐ Severe ☐ Worse in the morning ☐ Worse in the evening ☐ Pain radiates to ____

How motivated are you to address the root cause of your issues?

0 1 2 3 4 5 6 7 (8) 9 10

Not Motivated — Very Motivated

What is your current condition keeping you from?

Walking Comfortably

What makes it better? ?

What makes it worse? ____

What doctors have you seen for this? Julie Ackerman

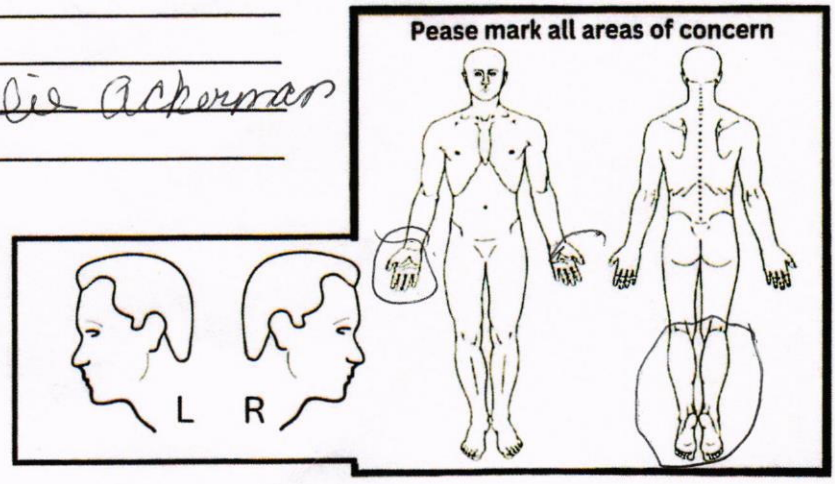
Type of Treatment: PT

Results: ____

Are you pregnant?

☐ Yes ☒ No

Pease mark all areas of concern



Deines Chiropractic
307-673-5075
1821 S. Sheridan Ave.
Sheridan, WY 82801

GENERAL HEALTH HISTORY

Patient Name SALLY CARROLL *Mark the conditions that apply to you.*

Past	Present		Past	Present	
❑	❑	Headaches	❑	❑	Urinary Problems
❑	❑	Migraines	❑	❑	Easy Bruising
❑	❑	Shortness of Breath	❑	❑	Tobacco Use
❑	❑	Allergies / Asthma	❑	☒	Dental Problems
❑	❑	Medication Side Effects	❑	❑	Fibromyalgia
❑	❑	Diabetes	❑	❑	Blood Thinner use
❑	☒	Hands or Feet cold	❑	❑	HIV Positive
❑	❑	Muscle aches	❑	❑	Cancer
❑	☑	Trouble Walking	❑	❑	Depression
❑	❑	Leg / Foot Numbness	❑	❑	Alcohol Use
❑	❑	Fainting	❑	☒	X High or ___Low Blood Pressure
❑	❑	Gall Bladder Trouble	❑	❑	Stroke History
❑	❑	Ringing in Ears	❑	❑	High Cholesterol
❑	❑	Ear Problems	❑	❑	TMJ
❑	☒	Sleeping Problems	❑	☒	Digestive Problems
❑	❑	Vision Problems	❑	❑	Pain all Over
❑	❑	Thyroid Problems	❑	❑	Tension / Irritability
❑	❑	Liver Disease	❑	❑	Chest Pains
❑	❑	Kidney Problems	❑	❑	Heart Pacemaker
❑	❑	Light Bothers Eyes	❑	❑	Heart Problems
❑	❑	Other _____			

1. List any medications you are taking: Gabapentin, Losartan - Thyroid Meds
2. Please list all doctors you are currently seeing: Julie Ackerman
3. Has any Doctor or other professional advised you to "Go to a Chiropractor ": ☒ No ❑ Yes, Name_____

PAST HISTORY

4. List any past auto collisions _____ Was any care received?_____
5. List any past work injuries: _____ Was any care received? _____
6. List any past sport, recreational, or home injuries Broke Wrist
7. Please describe any past conditions and treatment received: 2 surgeries on wrist
8. Please list any past hospitalizations and surgeries: _____

FAMILY HISTORY

Father's side: ❑ Heart Disease ❑ Cancer ❑ Diabetes ❑ Heavy Medication use ❑ Arthritis ❑ Other_____

Mother's side: ❑ Heart Disease ☒ Cancer ❑ Diabetes ☒ Heavy Medication use ❑ Arthritis ❑ Other_____

Is there any other family history you want us to know?_____

DEINES
CHIROPRACTIC CLINIC

Informed Consent

To the Patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment:

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

Analysis/Examination/Treatment As part of the analysis, examination, and treatment, you are consenting to the following procedures: __Spinal manipulative therapy __palpation __vital signs __Range of motion testing __orthopedic testing __basic neurological testing __muscle strength testing __postural analysis testing __hot/cold therapy __EMS __radiographic studies __other

The risks inherent in chiropractic adjustment:

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include, but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. The Doctor will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to the Doctor's attention it is your responsibility to inform the Doctor.

The probability of those risks occurring:

Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during examination and x-ray. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on the topic is inconclusive as to specific incident of this complication occurring. If there is a causal relationship at all it is extremely rare and remote. Unfortunately, there is no recognized screening procedure to identify patients with neck pain who are at risk of arterial stroke.

The availability and nature of other treatment options:

Other treatment options for your condition may include:

- Self-administered, over the counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization or Surgery

If you chose to use one of the above noted "other treatment" options you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated.

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

CONSENT TO TREATMENT (MINOR)

I hereby request and authorize Dr. Deines to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter: _____. This authorization also extends to all other doctors and office staff members and is intended to include radiographic examination at the doctor's discretion.

As of this date, I have the legal right to select and authorize health care services for the minor child named above. (If applicable) Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have had any questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Sally Carroll — 8-15-23

Signature — Date

SALLY CARROLL

Patient's Name (Print) — Signature of Parent or Guardian (if a minor)

Functional Reading Index

In order to properly assess your condition, we must understand how much your current spinal condition has affected your ability to manage everyday activities. Please circle the number which most closely describes your condition right now.

Pain Intensity

0	1	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible

Sleeping

0	1	2	3	4
Perfect Sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

Personal Care (washing, dressing, etc.)

0	1	2	3	4
No pain; No restrictions	Mild pain; No restrictions	Moderate pain; Need to go slowly	Moderate pain; Need some assistance	Severe pain; Need 100% help

Travel (driving, etc.)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

Work

0	1	2	3	4
Can do usual work and more	Can do usual work, no extra	Can do 50 % of usual work	Can do 25% of usual work	Cannot work

Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activites	Cannot do any activities

Frequency of pain

0	1	2	3	4
No pain	Occasional pain 25% of the day	Intermittent pain 50 % of the day	Frequent pain 75% of the day	Constant pain 100% of the day

Lifting

0	1	2	3	4
No pain	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Walking

Not Walking except Necessary Walking

0	1	2	3	4
No pain; Any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

Standing

0	1	2	3	4
No pain after Several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing

Name SALLY CARROLL **DOB:** 1/28/41

Signature Sally Carroll **Date:** 8/15/23

Total: 15

DEINES
CHIROPRACTIC CLINIC

For our new patients at Deines Chiropractic, it is important for us to get a baseline examination and diagnostic work so that we can accurately find the cause of the problem. We generously provide these services for our new patients at a discounted rate because we value the members of our community and want each person who comes through our doors to receive the best care possible.

Your appointment today may include the following:

- **Thermo-Scan**
- **Muscle Activity Test**
- **X-Rays (Cervical & Lumbar)**
- **New Patient Exam**

A $400 total value for ONLY $29.

After your consultation with Dr. Deines, you will have the opportunity to get a chiropractic adjustment. This is **NOT** included in the initial consultation cost and is an additional fee. The cost of this adjustment depends on your account type (Insurance, Medicare, Cash, etc.)

I understand that the charge for my adjustment today is **NOT** included in the $29 new patient special. I also understand that I will have the choice to get adjusted today and will be responsible for the charge if I choose to do so.

Please check the appropriate box: Are you pregnant? ☐ Yes ☒ No

Are you breastfeeding? ☐ Yes ☒ No

Print Name : SALLY CARROLL

Initials : SC Date: 8-15-23

RADIAL PRESSURE WAVE

informed consent

DEINES CHIROPRACTIC CLINIC

Patient Name: SALLY CARROLL

Patient DOB: 1-28-41

Suitability for RPW

By answering the following questions, you will assist us to decide if you are suitable for Radial Pressure Wave Therapy.

	Circle one:
Have you been injected with cortisone this month?	Yes / No
Are you using a cardiac pacemaker?	Yes / No
Do you have cancer/tumor?	Yes / No
Do you have a skin infection?	Yes / No
Are you pregnant or do you suspect you may be pregnant?	Yes / No
Are you under 16 years of age?	Yes / No

RISK OF THIS PROCEDURE

A. Pain and soreness. This is temporary and revolves after a few days.

B. The FDA has labled this a "Non-Significant Risk" therapy

I, Sally, the Undersigned, do hereby consent to authorize the application of Radial Pressure Wave Therapy for my condition of

_____.

I have been fully informed of RPW which the use of has been fully explained to me by my treating physician/staff, and I fully understand the nature of this treatment. I also confirm that I have been given the opportunity to discuss and clarify any concerns and that no guarantees have been made to me mostly for pain relief and may offer an improvement of function.

Signed Sally Carroll

Date: ~~8-23~~ 8-15-23

1821 S. Sheridan Ave Unit A | Sheridan, WY 82801 | p: (307)-673-5075 | f: (307)-673-5085

cas@deineschiro.com | www.deineschiropractic.com

INITIAL CARE PLAN

Ins. Adj. & Decompression

Deines Chiropractic
307-673-5075
1821 S. Sheridan Ave
Unit A
Sheridan, WY 82801

Patient: Sally Carroll **DOB:** 1/28/1941

DATE: 8/15/2023

INITIAL CARE TREATMENT PLAN:

4x/week for _____ weeks = _____ visits

3x/week for _____ weeks = _____ visits

2x/week for 12 weeks = 24 visits

1x/week for _____ weeks = _____ visits

Adjustments: 24

Decompression: 24

Radial Pressure Wave 12

YOUR BALANCE

Initial Care ONLY: $ 3082

This value represents the patient's financial responsibility after insurance and any care not covered by your policy. We may bill you for any outstanding balance beyond this or credit your account if an overpayment occurs. For your convenience, all financial arrangments are made before your care plan begins.

PAYMENT ARRANGEMENT

Made one payment then paid off the rest. 10/2/23

Basic:

☐ **PAY IN FULL** $ 2359

☒ **Payments** $ 2622

☐ 3 Payments $ 874

☒ 6 Payments $ 437

on the TBD of the month

Please Note: First payment 8/22/23

- Any discounts given are based on completion of recommended initial and/or wellness care. Your results with your problem are based on your follow through. Only start if you plan on completing all visits based on the chiropractor's recommendation.
- This office specializes in addressing vertebral subluxation. We are not responsible for the diagnosis or 'treatment' of medical conditions outside the scope of chiropractic.
- Regardless of any third-party arrangements please know you are responsible for your bill.
- If care ends prematurely, you are only responsible for the charges you have accrued up until that point at the clinic fee charge.
- We might use your name or photo during the normal course of business.
- All prices and payment plans are based on the duration of the care plan. Visits left unused will expire one month from the original care plan date unless otherwise arranged.
- All late payments will be charged a $30 late fee and a 10% late fee every month thereafter.
- Exams & X-rays within care plan (progress checks & Re-Exam) are included complimentary, but may still be submitted to your insurance policy.
- If your insurance covers more than we anticipated, credits or refunds will not be issued until we have received an EOB from your insurance company for all services rendered.

☐ **I am aware that insurance checks will be sent to me, and I will bring them in and sign them over to be applied to the total cost of my care and deposited by Deines Chiropractic.** _____ (Initials)

PATIENT SIGNATURE: Sally Carroll **DATE:** 8-16-23

STAFF INITIAL: GG

Carroll, Sally

12 VISITS

~~12~~ ~~11~~ ~~10~~ ~~9~~ ~~8~~ ~~7~~ ~~6~~ ~~5~~ ~~4~~ ~~3~~ ~~2~~ ~~1~~ -DONE-

DEINES
CHIROPRACTIC CLINIC

RPW

Deines Chiropractic

Name: Carroll, Sally **DOB:** 1 / 28 / 41

DOS: 8 / 22 / 23

CERVICAL #2	LUMBAR
(Visits 1-3)	PP1 67lbs
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min

DOS: 8 / 28 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1 70lbs
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min

DOS: 8 / 31 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2 78
(Visits 9-12+)	PP5 Max Min

DOS: 9 / 11 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2 75
(Visits 9-12+)	PP5 Max Min

DOS: 9 / 12 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2 77lbs
(Visits 9-12+)	PP5 Max Min

DOS: 9 / 18 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2 78
(Visits 9-12+)	PP5 Max Min

DOS: 9 / 28 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2 78
(Visits 9-12+)	PP5 Max Min

DOS: 10 / 2 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max 80 Min

DOS: 10 / 12 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min 80

DOS: 10 / 16 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min 80

DOS: 10 / 17 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min 80

DOS: 10 / 24 / 23

CERVICAL	LUMBAR
(Visits 1-3)	PP1
(Visits 4-8)	PP2
(Visits 9-12+)	PP5 Max Min 80

Patient Name: Carroll, Sally

Scheduled Payments

Amount: $ 437

~~8/22/2023~~

9

10

11

12

1

Paid off 10/02/23

DEINES
CHIROPRACTIC CLINIC

DEINES
CHIROPRACTIC CLINIC

WELLNESS PLANS

every other month D&A

I DON'T WANT TO HURT

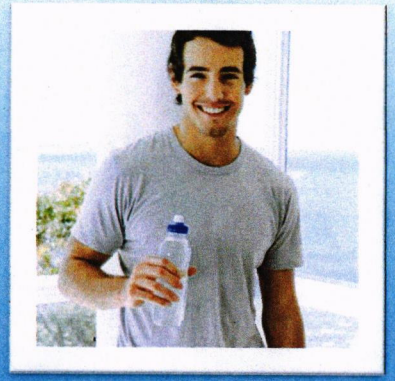
12 Visits

12 Payments of $55

Pre-Pay: $594 (save 10%)

every month D&A

I DON'T WANT TO LOSE WHAT I'VE GAINED



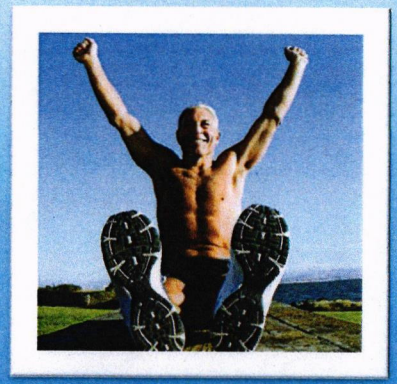
26 Visits

12 Payments of $99

Pre-Pay: $1069 (save 10%)

every other week D&A

I WANT TO CONTINUE THE GROWTH I'VE MADE



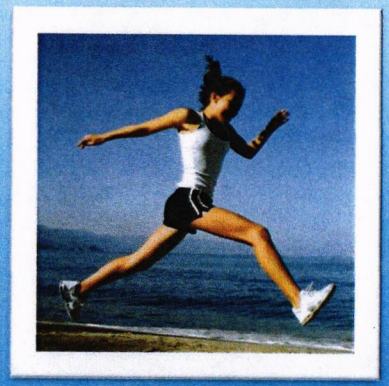
52 Visits

12 Payments of $172

Pre-Pay: $1858 (save 10%)

every week Decompression & Adjustment

I WANT MY BEST LIFE POSSIBLE WITH OPTIMAL HEALTH



104 Visits

12 Payments of $291

Pre-Pay: $3143 (save 10%)

- You have made a smart decision to benefit from regular chiropractic care and decompression! Visits on this plan can be utilized for adjustments OR decompression!
- Charges cannot be billed to any Insurance company or third party. This is how we can offer such a great discount.
- You can use your HSA funds or Flex Dollars!
- No Doctor can guarantee to cure or prevent any health condition.
- **The clinic fees are as follows: Adjustment—$70, Traction—$35, and Decompression—$60. The discounts for services are applied once all visits have been used and payment has been received in full. In the event that you would like to discontinue your wellness plan, you will be financially responsible for the charges accrued up to that point at the clinic fee value.**

Name Sally Carroll

Chosen Plan: ☐ 12 ☐ 26 ☒ 52 ☐ 104

☐ Prepay ☒ Payments

Sign

Date 11/16/23

Starting payments 12/28/23 Sally Carroll

Deines Chiropractic

DECOMPRESSION
Re-Exam

Patient Name: Sally Carroll

D.O.B. 1/28/1941

Today's Date 11/16/2023

1 Adjustments & 2 Decompression

remain on your Initial Treatment Care Plan

Next Steps → **Wellness Care**

For best results:

Dr. Deines recommends at least

1 adjustments per week

to **MAINTAIN** the investment you've made and **CONTINUE** your progress toward optimal health!

Account Details

Wellness Care set? yes (not yet)

Insurance? (yes) no Medicare

Remaining benefits? yes (no)

over →

Next Steps → Wellness Care

Care Plan Payment Arrangement

○ Payment Plan

☒ Prepaid

____ payments of $_____ remain = $_____ total

scheduled for the _____ of each month

Moving Forward

Remaining Insurance Benefits

_____ Visits left Deductible Met?

Co-Insurance: _____/_____ Co-pay: $

Your portion/visit: $ Total for Remaining Visits:

Wellness Care Set!

○ Continue with payments as scheduled

_____ Visits for Wellness Care

*Visits can be used for adjustments and decompression

Wellness Care TBD!

○ Reconfigure payment to pay off Initial Care Plan AND Sign for Wellness Visits!

_____ payments of $_____ remain = $_____ total

$_____ / 12 months = $_____

$_____ added to any Wellness Plan Monthly Payment

New Payment Amount

12 Visits	26 Visits	52Visits	104Visits
$55	$99	$172	$291

*12 months of payments start when you commit to your new plan

Notes:

Functional Reading Index

In order to properly assess your condition, we must understand how much your current spinal condition has affected your ability to manage everyday activities. Please circle the number which most closely describes your condition right now.

Pain Intensity

0	1	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible

Sleeping

0	1	2	3	4
Perfect Sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

Personal Care (washing, dressing, etc.)

0	1	2	3	4
No pain; No restrictions	Mild pain; No restrictions	Moderate pain; Need to go slowly	Moderate pain; Need some assistance	Severe pain; Need 100% help

Travel (driving, etc.)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

Work

0	1	2	3	4
Can do usual work and more	Can do usual work, no extra	Can do 50 % of usual work	Can do 25% of usual work	Cannot work

Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activites	Cannot do any activities

Frequency of pain

0	1	2	3	4
No pain	Occasional pain 25% of the day	Intermittent pain 50 % of the day	Frequent pain 75% of the day	Constant pain 100% of the day

Lifting

0	1	2	3	4
No pain	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Walking

No pain - still have trouble walking Balance issues

0	1	2	3	4
No pain; Any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

Standing

0	1	2	3	4
No pain after Several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing

Name Sally Carroll **DOB:** 1/28/41

Signature_____ **Date:**__/__/____

Total: 0

Functional Reading Index

In order to properly assess your condition, we must understand how much your current spinal condition has affected your ability to manage everyday activities. Please circle the number which most closely describes your condition right now.

Pain Intensity

0	1	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible

Sleeping

0	1	2	3	4
Perfect Sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

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0	1	2	3	4
No pain; No restrictions	Mild pain; No restrictions	Moderate pain; Need to go slowly	Moderate pain; Need some assistance	Severe pain; Need 100% help

Travel (driving, etc.)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

Work

0	1	2	3	4
Can do usual work and more	Can do usual work, no extra	Can do 50 % of usual work	Can do 25% of usual work	Cannot work

Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activites	Cannot do any activities

Frequency of pain

0	1	2	3	4
No pain	Occasional pain 25% of the day	Intermittent pain 50 % of the day	Frequent pain 75% of the day	Constant pain 100% of the day

back pain

Lifting

0	1	2	3	4
No pain	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Walking

0	1	2	3	4
No pain; Any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

I can't walk long distances

Standing

0	1	2	3	4
No pain after Several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing

Name Sally Carroll **DOB:** 10 / 9 / 23

Signature_____ **Date:**___/___/_____

Total: 11

Patient Name: Carroll, Sally

Scheduled Payments

Amount: $ 172

~~12-28-23~~
~~1-28-24~~
2-28-24
3-28-24
4-28-24
5-28-24
6-28-24
7-28-24
8-28-24
9-28-24
10-28-24
11-28-24

Discontinue 4/9/24

DEINES
CHIROPRACTIC CLINIC

Carroll, Sally

52 VISITS

~~53~~ ~~52~~ ~~51~~ 50 49 48 47 46 45 44 43 42 41 40

39 38 37 36 35 34 33 32 31 30 29 28 27

26 25 24 23 22 21 20 19 18 17 16 15 14

13 12 11 10 9 8 7 6 5 4 3 2 1

DISC 4-8-24

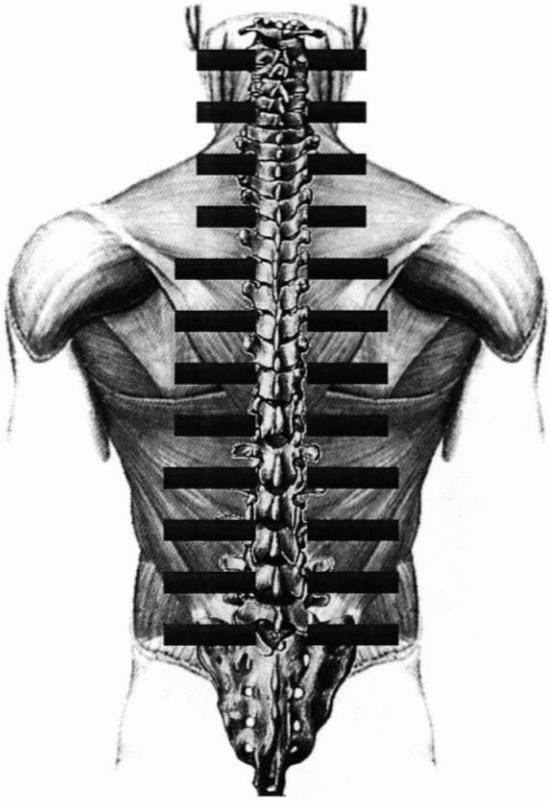
DEINES CHIROPRACTIC CLINIC WELLNESS PLAN

MyoVision Static Graphic

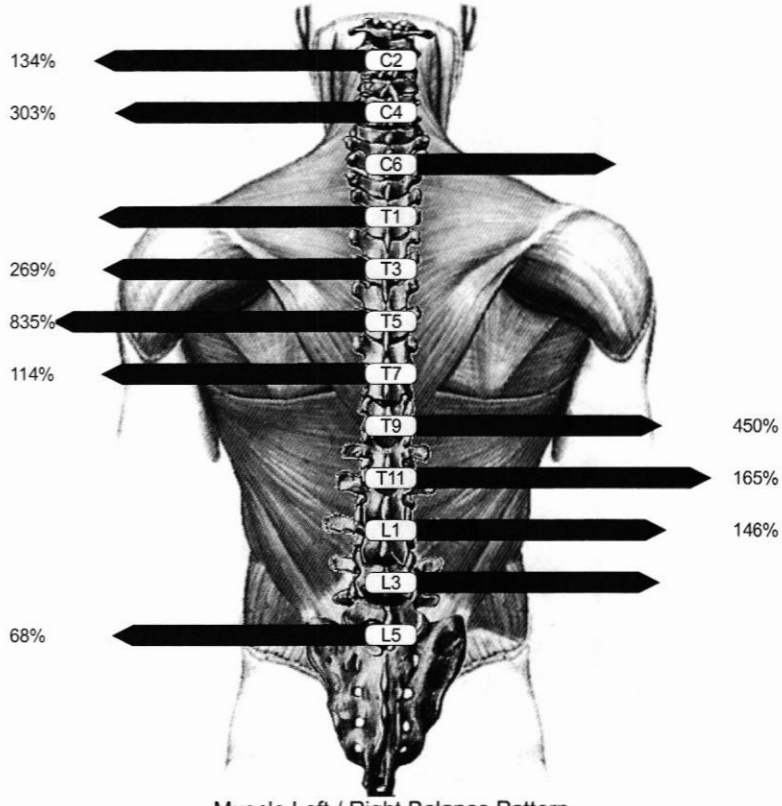
Office Information:
Deines Chiropractic
Dr. Deines
1821 S. Sheridan Ave, Unit A
Sheridan, WY 82801
307-673-5075

Patient Information:
Patient: Sally Carroll
ID: none
Exam Date: Oct 09, 2023 04:34:21 PM
Protocol Name: 3G FS Thermo & FS Static sEMG

Goal
MyoVision sEMG



Sally Carroll
MyoVision sEMG



Muscle Left / Right Balance Pattern

Your healthcare professional can explain how muscle tension relates to spinal health!

Computerized spinal examination through Surface sEMG (sEMG) is used to measure relative levels of electrical activity generated when muscles contract. This measurement provides you, the patient, with valuable information regarding muscle tension as a feedback mechanism within the body. This measured data is an objective tool which can help you determine areas of excess or low muscle activity, providing both a qualitative and quantitative view of how your muscular system is functioning.

To Schedule Your Exam Call:
Dr. Deines at 307-673-5075

Copyright 1998-2020 PBI/MyoVision 1-800-969-6961 ver. 4,0,3,274

MyoVision Thermo Graphic

Office Information:
Deines Chiropractic
Dr. Deines
1821 S. Sheridan Ave, Unit A
Sheridan, WY 82801
307-673-5075

Patient Information:
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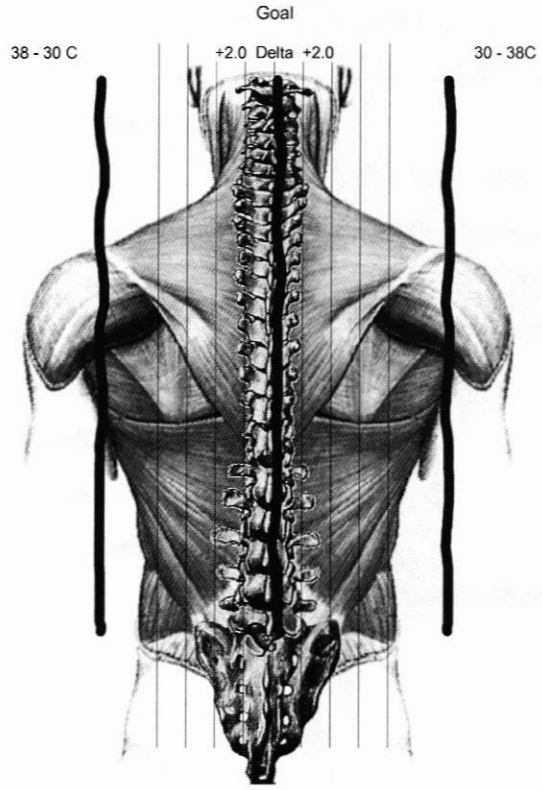

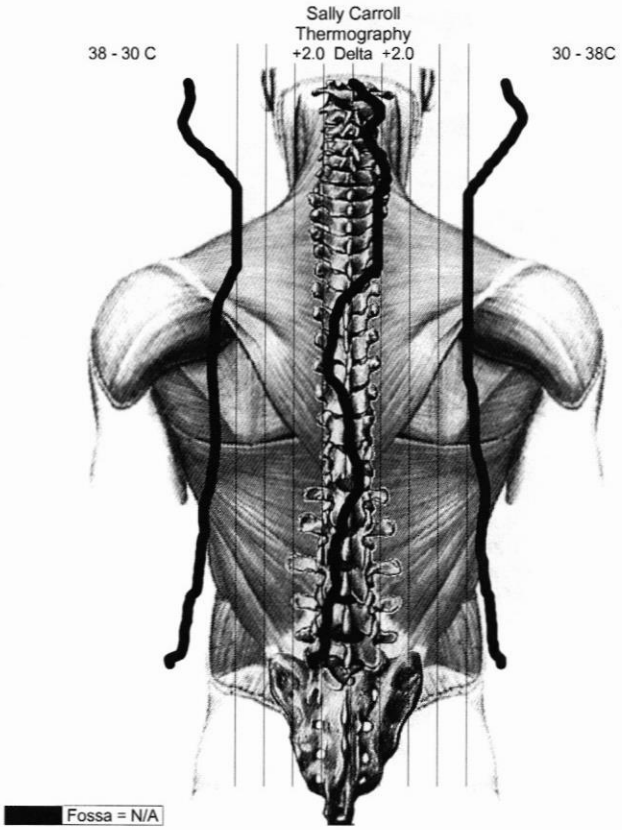

Your doctor can explain how thermography data helps in evaluating your spinal health!

Paraspinal thermography measures the difference in skin temperature between the left and right sides of your spine. your doctor uses this important physiological data to help determine the cause of any imbalance in skin temperature and to track your progress over time.

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Dr. Deines at 307-673-5075

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MyoVision ThermoVision Narrative

Deines Chiropractic
1821 S. Sheridan Ave, Unit A Sheridan, WY 82801
307-673-5075
Patient: Sally Carroll
Exam Date: Oct 09, 2023 04:34:21 PM

Paraspinal thermal imaging is an extremely sensitive and accepted method of analysis for the presence of abnormal autonomic neurophysiology (1,2). The data presented in the image is compared to literature-based normative values to determine the extent of neuropathophysiology (3,4,5). Any paraspinal thermal asymmetry of 0.5° C or above is indicative of abnormal nervous system functions (2,3,4,5). The higher the asymmetry, the greater the extent of neural dysfunction. In accordance with accepted thermographic protocol (6,7), a high-resolution paraspinal scan was performed on this patient from the level S1 to occiput. Approximately 121 infrared samples were taken for analysis. The data was digitally analyzed and found to contain Mild thermal asymmetries when compared to established normal values.

Delta-T	*Approx. Location from C0*	*Rating*
Right 0.4 C	**1.08 cm -- C2**	**Mild**
Right 0.5 C	**2.70 cm -- C5**	**Mild**
Right 0.5 C	**3.24 cm -- C6**	**Mild**
Right 0.4 C	**3.78 cm -- C7**	**Mild**
Right 0.4 C	**5.04 cm -- T1**	**Mild**
Right 0.4 C	**5.67 cm -- T2**	**Mild**
Right 0.3 C	**6.30 cm -- T3**	**Mild**
Left 0.4 C	**8.19 cm -- T6**	**Mild**
Left 0.4 C	**8.82 cm -- T7**	**Mild**
Left 0.5 C	**9.45 cm -- T8**	**Mild**
Left 0.4 C	**10.08 cm -- T9**	**Mild**
Left 0.4 C	**20.17 cm -- S1**	**Mild**

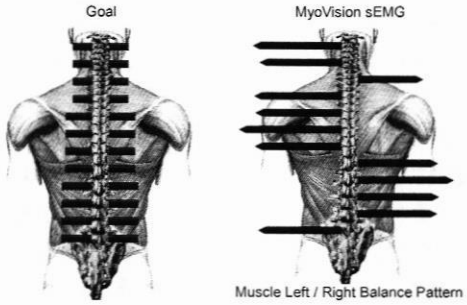
(1) Clark RP. "Human Skin Temperature and its Relevance in Physiology and Clinical Assessment". In: Francis E, Ring J, Phillips B, et al, Recent Advances in Medical Thermology. New York: Plenum Press, 1984:5-15.
(2) AMA Council on Scientific Affairs. "AMA Council Report - Thermography in Neurological and Musculoskeletal Conditions". Thermology 1987;2:600-607.
(3) Uematsu, S. Edwin, D., et al. "Quantification of Thermal Asymmetry. Part 1: Normal Values and Reproducibility". J Neuroserg 1988;69:552-555.
(4) Feldman, F., Nickoloff, E. "Normal Thermographic Standards in the Cervical Spine and Upper Extremities". Skeletal Radiol 1984;12:235-249.
(5) Uematsu S. "Symmetry of the Skin Temperature Comparing One Side of the Body to the Other". Thermology 1985;1:4-7.
(6) Thermography Protocols - "International Thermographic Society" 1997.
(7) Thermography Protocols - "American Academy of Medical Infrared Imaging" 1997.

MyoVision Report of Findings

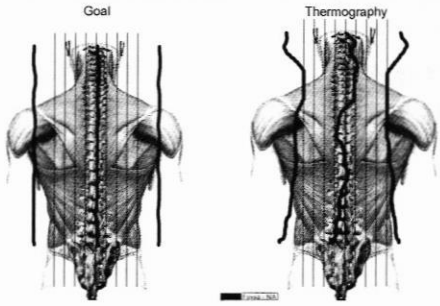
Deines Chiropractic
1821 S. Sheridan Ave, Unit A Sheridan, WY 82801
307-673-5075
Patient: Sally Carroll
Exam Date: Oct 09, 2023 04:34:21 PM

Spinal Motion (DYSKINESIA)

Muscle Balance (DYSPONESIS)



Abnormal Nervous Function (DYSAUTOMOMIA)



X-RAY Findings DEGENERATION PHASE: I II III IV

_____

_____

Recommendations for short term goals

Recommendation for care: _____

Re-exam dates: _____ **Extended visit date:** _____ **Achievement report date:** _____

Status: _____

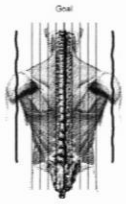
Short term goal: _____

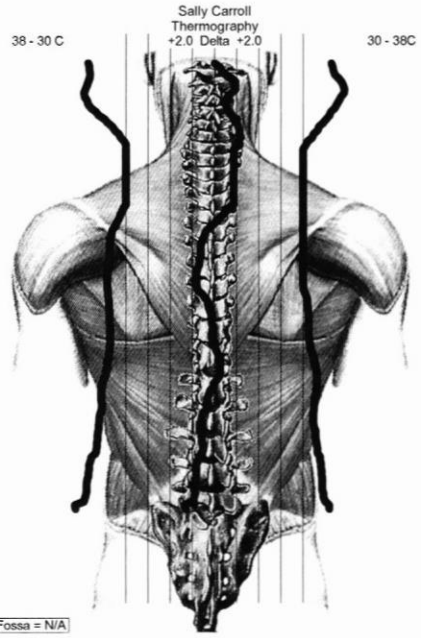
Quality of life issues: _____

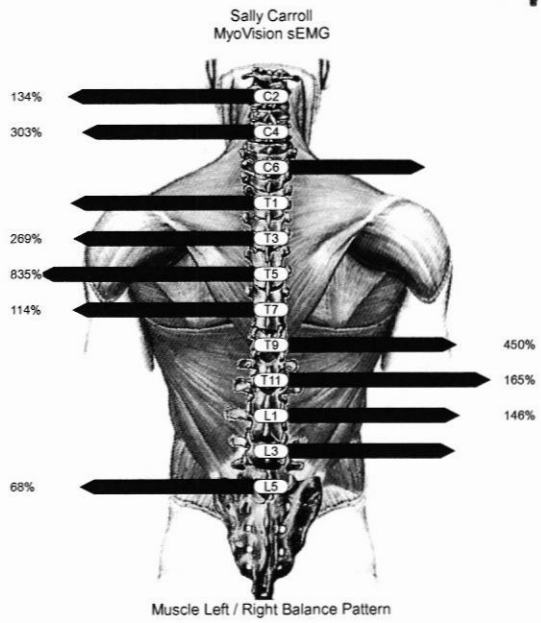
Static Sceening Information

Office Information:
Deines Chiropractic
Dr. Deines
1821 S. Sheridan Ave, Unit A
Sheridan, WY 82801
307-673-5075

Patient Information:
Patient: Sally Carroll
ID: none
Exam Date: Oct 09, 2023 04:34:21 PM
Protocol Name: 3G FS Thermo & FS Static sEMG







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To Schedule Your Exam Call:
Dr. Deines at 307-673-5075

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/15/2023

Provider Nathan Deines, D.C.

Subjective:

HISTORY:

Chief Complaint: an acute lumbar and upper thoracic complaint of unknown origin since 8/15/2023.

Please see today's initial intake form for the family history, past history, and current illness. This form has been completed by the patient and has been reviewed. In addition, the chief complaint and it's relationship to the patient's case do warrant further care.

Objective:

O'Donahue Manuever was positive bilaterally. This test can be done with the patient sitting or standing. The patient actively rotates the trunk against the examiner's counter pressure. Then the examiner passively rotates the shoulder. If either of these actions causes pain, the test is considered positive. Pain caused from the active test indicates a strain or sprain and pain from the passive test indicates a facet syndrome. This test was done bilaterally on this patient.

Radiographs:

- Rationale: Based upon the patient's history and examination, radiographs were ordered. As routine procedure the patient confirmed that there were no contraindications to taking radiographs, including but not limited to pregnancy, trying to become pregnant, receiving active radiation therapy, or other contraindication for Xray exposure. The rationale was due to need of structural integrity assessment.
- Views: The radiographs were performed in office in the standing (weight bearing) position with the following view(s): Full Spine-AP/L.
- Demineralization: none detected for areas visualized.
- Degenerative Joint Disease: none detected for areas visualized.
- Degenerative Disc Disease: moderate to severe for areas visualized.
- Foraminal Encroachment: none detected for areas visualized left and right (equal).
- Observation of the following: no pathology observed for areas visualized.
- Curve Analysis-cervical spine: curve severe increase and with anterior weight bearing.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/15/2023

Provider Nathan Deines, D.C.

*** *continued from previous page* ***

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours

- Chief Complaint: posterior cervical (neck), mid thoracic and lumbar

- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 15 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/16/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/16/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

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  - *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 15 disability and the goal score or percentage is 10% or better.
- **Advised**
  - *Tx Effect:* Examination performed without incident
  - *Next Visit:* Patient advised continue with treatment plan as scheduled

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M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
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Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/22/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 08/22/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 15 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/24/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
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Assessment:

ASSESSMENT:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/24/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/28/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

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- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
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Plan:

TREATMENT PLAN:

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Date 08/28/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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M54.13: Radiculopathy, cervicothoracic region
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/29/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* entire lumbar and cervical spine was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 08/29/2023

Provider Nathan Deines, D.C. ****** continued from previous page ******

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 08/31/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
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Assessment:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

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Date 08/31/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 09/11/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

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Daily Objective Findings:

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Date 09/11/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 09/12/2023
Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

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Plan:

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Ins Co: Medicare Part B **Pol #:** **Insured ID: 1M83W25UD00**

Date 09/12/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 09/18/2023
Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 09/18/2023

Provider Nathan Deines, D.C. ****** continued from previous page ******

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 15 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Electronically signed by
Greg Oleson, D.C.

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 09/28/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

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DIAGNOSIS:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
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Date 09/28/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/02/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

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Date 10/02/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/05/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/05/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/09/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
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- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

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Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
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Date 10/09/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/12/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
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ASSESSMENT:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
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Date 10/12/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/16/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

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Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

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- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
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Date 10/16/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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- Advised

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Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/19/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
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Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/19/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/24/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/24/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/25/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/25/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 10/30/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
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Phone: 307-673-5075
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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 10/30/2023

Provider Nathan Deines, D.C. ****** continued from previous page ******

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/02/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
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Phone: 307-673-5075
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/02/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

Deines Chiropractic
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Phone: 307-673-5075
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/06/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 11/06/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
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M54.6: Pain in thoracic spine

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/13/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/13/2023

Provider Nathan Deines, D.C. *** *continued from previous page* ***

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Functional Rating Index (FRI) functional outcome assessment tool. The beginning score or percentage was 11 disability and the goal score or percentage is 10% or better.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised continue with treatment plan as scheduled

Diagnosis
M99.04: Segmental and somatic dysfunction of sacral region
M54.17: Radiculopathy, lumbosacral region
M99.01: Segmental and somatic dysfunction of cervical region
M54.13: Radiculopathy, cervicothoracic region
M99.02: Segmental and somatic dysfunction of thoracic region
M54.6: Pain in thoracic spine

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075
Fax: 307-673-5085

Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/16/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care
- **Chief Complaint:** posterior cervical (neck), upper thoracic and lumbar dull and aching discomfort.
- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* C1, C7, T8, T12, right pelvis, left pelvis and L5
- *Extraspinal Restrictions/Subluxations:* .
- *Pain/Tenderness:* upper to mid cervical
- *Postural Analysis:* short right leg (pelvic deficiency).
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left trapezius and right posterior trapezius.
- *ROM Concern(s):* cervical extension, cervical left rotation, cervical left lateral flexion, lumbar left rotation and lumbar right rotation was recorded as moderately reduced without pain noted.

Assessment:

ASSESSMENT:

Sally is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Sally Carroll with: (M99.04) Segmental and somatic dysfunction of sacral region, (M54.17) Radiculopathy, lumbosacral region, (M99.01) Segmental and somatic dysfunction of cervical region, (M54.13) Radiculopathy, cervicothoracic region, (M99.02) Segmental and somatic dysfunction of thoracic region, (M54.6) Pain in thoracic spine

Plan:

TREATMENT PLAN:

Sally's treatment plan for this episode began on 8/15/2023 and is projected to be completed by 11/10/2023.

- *Home/Self Care:* Sally was instructed in home care recommendations that included: home cold pack issued today. She was instructed to ice for 20 minutes for pain, repeat after 60 minutes and discontinue after 3 hours
- **Chief Complaint:** posterior cervical (neck), mid thoracic and lumbar
- *Functional Deficit: Sally* reports personal care (washing, dressing, etc.) has become difficult due to some or all of the following: performing household chores when she does this more than 3 minutes
- *Short Term Tx Goal*: To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.
- *Long Term Goal:* Attain pre-condition/pre-injury status

Deines Chiropractic
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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
Ins Co: Medicare Part B	**Pol #:**	**Insured ID: 1M83W25UD00**

Date 11/16/2023

Provider Nathan Deines, D.C. ****** continued from previous page ******

- Primary Treatment: Diversified and Drop Table - Chiropractic Manipulative Therapy (CMT) (approx: 18 to 24 visits) to the cervical spinal region, lumbar spinal region, sacroliliac spinal region and thoracic spinal region C1, C7, T8, T12, right pelvis, left pelvis and L5 at a frequency and duration of 3 visits per week for next 4 weeks followed by a re-exam within 30 days.

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Patient: Carroll, Sally	Acct #: 8858	DOB: 01/28/1941
Ins Co: Medicare Part B	Pol #:	Insured ID: 1M83W25UD00

Date 11/20/2023

Provider Nathan Deines, D.C.

Subjective:

Daily Encounter: treatment for acute/active care

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- **Subjective/Patient Assessment:** Sally stated this complaint has improved since the last visit. She reports her ability to participate with personal care (washing, dressing, etc.) has improved

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Patient: Carroll, Sally	**Acct #: 8858**	**DOB: 01/28/1941**
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Date 11/20/2023

Provider Nathan Deines, D.C. ****** continued from previous page ******

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M54.6: Pain in thoracic spine

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075 Fax: 307-673-5085

Patient Statement

Statement Date: Monday, January 6, 2025 For Activity: 02/28/2023 thru 10/31/2024

Sally Carroll Cell: 307-752-4081
160 Edward Ct
Sheridan, WY 82801

Patient Balance: ($30.32)

Sally Carroll **8858-Medicare**

Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
02/27/2023	MPBF		Balance Forward							$0.00
08/15/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$0.00
08/15/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$60.00
08/15/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$150.00
08/15/2023	CSV	72083	X-Ray Full Spine	$150.00		$150.00				$300.00
08/15/2023	CSV	99203	NP Detailed 99203	$185.00		$49.00		($136.00)		$349.00
08/15/2023	CPT	A0000	No Charge Office Visit	$0.00		$0.00				$349.00
08/15/2023	MPOT		NPXR				$150.00			$199.00
08/15/2023	MPOT		First Time Decompression				$60.00			$139.00
08/15/2023	MPOT		First Time RPW				$90.00			$49.00
08/15/2023	MPOT		Signed ABN for 2023							$49.00
08/15/2023	PCC		Payment-Credit Card				$56.58			($7.58)
08/16/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($7.58)
08/16/2023	CCP	CP1110	Care Plan - 24	$0.00		$0.00				($7.58)
08/22/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($7.58)
08/22/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$82.42
08/22/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$142.42
08/22/2023	PCC		Payment-Credit Card				$437.00			($294.58)
08/24/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($294.58)
08/24/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($204.58)
08/24/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($144.58)
08/28/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($144.58)
08/28/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($54.58)

Please cut along the line and enclose this portion with your payment.

Sally Carroll
160 Edward Ct
Sheridan, WY 82801

Account: **8858-Medicare**

Patient Balance: ($30.32)

Credit balance. No payment is due.

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801

Thank you for your business!

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801
Phone: 307-673-5075 Fax: 307-673-5085

Patient Statement

Statement Date: Monday, January 6, 2025 For Activity: 02/28/2023 thru 10/31/2024

Sally Carroll
160 Edward Ct
Sheridan, WY 82801

Cell: 307-752-4081

Patient Balance: ($30.32)

Sally Carroll **8858-Medicare**

Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
08/28/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$5.42
08/29/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$5.42
08/29/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$65.42
08/31/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$65.42
08/31/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$125.42
08/31/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$215.42
09/11/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$215.42
09/11/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$275.42
09/11/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$365.42
09/12/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$365.42
09/12/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$425.42
09/12/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$515.42
09/18/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$515.42
09/18/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$575.42
09/18/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$665.42
09/28/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$665.42
09/28/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$725.42
09/28/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				$815.42
10/02/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$815.42
10/02/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$875.42
10/02/2023	MPOT		Payments done							$875.42
10/02/2023	PCC		Payment-Credit Card				$1,808.30			($932.88)
10/05/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($932.88)

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Sally Carroll
160 Edward Ct
Sheridan, WY 82801

Account: **8858-Medicare**

Patient Balance: ($30.32)

Credit balance. No payment is due.

Deines Chiropractic
1821 S. Sheridan Ave. Unit A
Sheridan, WY 82801

Thank you for your business!

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Patient Statement

Statement Date: Monday, January 6, 2025 For Activity: 02/28/2023 thru 10/31/2024

Sally Carroll Cell: 307-752-4081
160 Edward Ct
Sheridan, WY 82801

Patient Balance: ($30.32)

Sally Carroll **8858-Medicare**

Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
10/05/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($872.88)
10/05/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($782.88)
10/09/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($782.88)
10/09/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($722.88)
10/09/2023	CPT	99213	EP Detailed Exam 99213	$155.00		$155.00				($567.88)
10/12/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($567.88)
10/12/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($507.88)
10/12/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($417.88)
10/16/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($417.88)
10/16/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($357.88)
10/19/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($357.88)
10/19/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($297.88)
10/19/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($207.88)
10/24/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($207.88)
10/24/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				($147.88)
10/24/2023	CPT	0101T	Shockwave Therapy	$90.00		$90.00				($57.88)
10/24/2023	MPOT		final RPW visit							($57.88)
10/25/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		($57.88)
10/25/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$2.12
10/30/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$2.12
10/30/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$62.12
11/02/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$62.12
11/02/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$122.12

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Sally Carroll
160 Edward Ct
Sheridan, WY 82801

Account: **8858-Medicare**

Patient Balance: ($30.32)

Credit balance. No payment is due.

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Sally Carroll **8858-Medicare**

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11/06/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$122.12
11/06/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$182.12
11/13/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$182.12
11/13/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$242.12
11/16/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$242.12
11/16/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$302.12
11/16/2023	CPT	72083	X-Ray Full Spine	$150.00		$150.00				$452.12
11/16/2023	CPT	99213	EP Detailed Exam 99213	$155.00		$155.00				$607.12
11/20/2023	CSV	98941	Manipulation 3-4 Regions 98941	$70.00	$37.31	$0.00		($32.69)		$607.12
11/20/2023	CPT	S9090	Vertebral Axial Decompression	$60.00		$60.00				$667.12
11/20/2023	MPOT		End of Care Plan				$697.44			($30.32)
								Balance:		**($30.32)**

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 + Days
($30.32)	$0.00	$0.00	$0.00	$0.00

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Account: **8858-Medicare**

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