

BODY WORKS CLINIC  
Dr. Fiona Demel D.C.  
424 Mill Street West  
Cannon Falls, MN 55009  
507-263-2393

Personal Information

Name: \_\_\_\_\_

Marital Status:      Married      Single      Divorced      Widowed/er

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work: \_\_\_\_\_ Ext \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Status:      Full Time      Part Time      Student      Retired      Not working

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Primary Clinic: \_\_\_\_\_

What concerns are bringing you back today?

\_\_\_\_\_  
\_\_\_\_\_

When did your symptoms appear? \_\_\_\_\_

Are your symptoms getting worse? \_\_\_\_\_

How often do you have these symptoms? \_\_\_\_\_

Is it constant or does it come and go? \_\_\_\_\_

Does it interfere with daily activities?    Yes    No

Which activities? \_\_\_\_\_

List activities or movements that are difficult to perform: \_\_\_\_\_

Is this condition due to an accident?    Yes    No    What type? \_\_\_\_\_

What treatments and tests have you already received for you condition?

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Have you had any X-rays, MRIs, or lab work done in the past 12 months? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Have you had any changes in your health, if so please explain \_\_\_\_\_

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Have you added or dropped any medications in the past 12 months? \_\_\_\_\_

### **Medication and Supplements**

(Attach a separate sheet if necessary. If you have a list of medications with you we'll gladly take a copy instead of filling in the chart.)

Medications	Strength	Frequency

Supplements	Strength	Frequency

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Are you currently pregnant?      Yes      No      If yes, how many weeks are you? \_\_\_\_\_

Allergies?      Yes      No

Medicines: \_\_\_\_\_

Foods: \_\_\_\_\_

Environmental: \_\_\_\_\_

Tobacco Use Status (age 13 and over)- What type? \_\_\_\_\_

Current every day      Former      Current some days      Never Used

Please indicate the following in regards to appointment reminders.

OK to call and leave message at:

Primary phone:      Y      N

Send text reminders:      Y      N

Ok to email billing statement:      Y      N

\*(please refer to the Patient Privacy Notice for details)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Electronic Signature-**

**TERMS OF ACCEPTANCE AND SIGNATURE**

**I, the Patient warrant the truthfulness of the information provided in these Intake Forms and accept all terms in this Agreement.**

**Electronic Signature\***

\_\_\_\_\_

Please type your First and Last Name

\_\_\_\_\_

Date

**I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

**BODY WORKS CLINIC**  
Dr. Fiona Demel, D.C.  
424 Mill Street West, Cannon Falls, MN 55009  
507-263-2393  
Bwclinic.com

## **FINANCIAL AGREEMENT**

Please understand that the contractual relationship is ultimately between a patient and his/her insurance company. The Body Works Clinic will do its best to obtain detailed benefits information and file claims promptly and accurately in accordance with the terms of the provider contract of the health plans for which we are network providers. However, the patient is ultimately responsible for the health care expenses incurred. There are some issues with the health plans, such as administrative errors, delays, contract exclusions and limitations over which our clinic has no control.

**Blue Cross Blue Shield:** We are providers for BCBS at all network levels. If you have a co-pay, it will be collected at the time of service. If you have deductibles and coinsurances, your portion of the bill will be collected after insurance processing. Some BCBS plans do not cover certain services such as therapies, non-spinal conditions, and orthotics. Blue Cross does not cover maintenance visits including chronic, ongoing conditions or non-musculoskeletal problems, and most acupuncture is not covered.

**Medicare:** For the traditional Medicare Part B plan: coverage of chiropractic treatments to the spine for conditions that are acute or likely to recover. **The following services are not covered: adjustments for chronic, permanent conditions; initial evaluations, re-evaluations, therapies including acupuncture.** For Medicare Part C plans contracted through a private insurance, we will contact your company to obtain details about your coverage. Most Medicare private plans do not cover initial evaluations, re-evaluations, or therapies, and the treatment of chronic or ongoing chiropractic conditions. Note: You will be asked to sign an Advance Beneficiary Notice form before receiving chiropractic adjustments that are no longer covered under the active care rule.

**Medical Assistance:** MA plans will usually cover spinal adjustments and one examination per year. Acupuncture is covered subject to certain restrictions as determined by the Minnesota Department of Health. Other therapies, modalities and supplies are not covered. Care for chronic or ongoing conditions is not covered. Coverage is limited to 12 visits per year, visits beyond 12 are subject to preauthorization. There are strict limitations on care rendered for children: coverage is provided for 30 days and neuromusculoskeletal complaints only. **Please note that we are not a Provider for the County based South Country MA Plan.**

**Medica and United Health Care:** We are providers for those health plans through their review company, Optum Health. All Optum contracted plans have exclusions for certain types of care: chronic conditions requiring ongoing care, non-musculoskeletal complaints, maintenance, wellness, and preventive chiropractic care. **Please note that we are not in network with Mayo Medical Plan by Medica.**

**HealthPartners, U-care, Cigna, and Preferred One:** We are providers for those health plans through their administrator and review company, Fulcrum Health. Some plans require pre-authorizations which will require a form to be filled out by patient and submitted by provider to receive coverage. They have extremely strict guidelines and many exclusions: no care for chronic, ongoing conditions, non-musculoskeletal problems, maintenance, or wellness care.

**Direct Discount Option:** Any patient can select for this option for a variety of reasons (no insurance, limitations of coverage, very high deductibles, or co-pays, or do not wish to bill insurance). Under the direct discount option, services must be paid at the time they are received, all office visits will be recorded under wellness codes, and no insurance is billed. You can ask for a receipt if you need to turn in the charges to your HSA. **PLEASE NOTE: WE CANNOT RETROACTIVELY BILL INSURANCE FOR SERVICES RENDERED UNDER THE DIRECT DISCOUNT OPTION.** However, you may decide at any time to start billing your insurance.

**Discounts** \$68.00 for initial evaluation (\$30.00 discount)  
\$50.00 re-evaluation fee (\$10.00 discount)  
\$60.00 per office visit (\$10.00 discount)  
\$87.00 per expanded office visit (\$23.00 discount)  
\$44.00 for acupuncture in conjunction with chiropractic office visit (\$11.00 discount)  
\$60.00 for acupuncture without chiropractic (\$10.00 discount)

If you would like to choose this option, please sign below.

Patient: \_\_\_\_\_

**Auto Insurance:** If a motor vehicle accident occurs in Minnesota, or if your car insurance is issued in Minnesota, your medical expenses will be paid by your insurance company regardless of who is at fault. Our staff can help you start a claim. If you already have a claim open, please provide the staff with your claim number, claim address and insurance adjuster.

**Personal Injury Claims:** If a slip and fall or other personal injury claim is filed, claims can be billed to liability insurance companies with the claim number and information you provide. Patients are responsible for health care expenses if the claim is denied, and in some cases health insurance may be billed.

**Workers' Compensation:** Under Minnesota law, you are eligible for Workers' Compensation coverage if you can prove that you were injured at work. You will need to fill out a First Report of Injury with your employer and the insurance must accept liability. You are allowed to choose your primary treating health care provider (although your employer has the right to get an opinion from their doctor as well). Once you have started treating with a provider, you cannot change without authorization from the insurance company or without a referral from your treating provider. Chiropractic care is limited to 12 weeks.

**Nutritional Consults/EDS Consults:** A 15-minute consult is \$33.00, and a 30-minute consult is \$45.00. We are unable to bill insurance for consults.

**Orthotics:** Per your request we can bill your insurance for your orthotics. For the sake of durable medical equipment such as orthotics, the office will not take the fee schedule reduction listed on your explanation of benefits, and the patient will be responsible for the price difference between the insurance payment and the full cost of the orthotics. The orthotics range in price from \$150.00 to \$230.00. Your maximum out of pocket will be \$230.00

**Billing Statements:** You have the option of us mailing or emailing your monthly statements to you. If you choose to have them emailed to you, please review the email section of our \*Privacy Policy.

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I have read and understood the financial agreement of the Body Works Clinic. I hereby authorize payment of medical benefits to the physician for services rendered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or Parent/Guardian of minor)

**The Body Works Clinic**  
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## **Patient Privacy Policy, Acknowledgement and Consent Health Information Privacy Practices Act (HIPAA)**

This notice is intended to inform you of the Body Works Clinic policies and practices in regard to your personal medical records. Specifically, it details the ways in which your medical records may or may not be disclosed to third parties. This is a summary of our full "Notice of Patient Privacy Policy". A copy will be provided to you upon request.

### **Permitted disclosures:**

Under certain circumstances, medical information may be disclosed without obtaining your authorization:

- 1) Providing treatment and coordinating care with other health care providers.** For example, if we refer you to another healthcare provider, we will need to forward some of your medical records.
- 2) Insurance processing.** Some health plans will review your records to determine eligibility and payment.
- 3) Emergency situations.** When it may not be possible to safely delay care until an authorization has been obtained.
- 4) Under certain circumstances required by law.** State and/or federal agencies can have access to your records such as The Minnesota Department of Health, CDC, NIH, FDA, Department of Justice, NSI, Minnesota Workers' Compensation, etc.

Any other use or disclosure other than the above permitted disclosures can only be made with your written authorization, including re-disclosure of psychotherapy notes on file, use for marketing and fundraising purposes.

### **Email:**

- 1)** In the event of an email exchange between you and the Body Works Clinic, the information that is sent can be secured by using text verification in Gmail Confidential or password protection in Microsoft Word, however the information is not encrypted. This means a third party may still be able to intercept and read the information while it is being transmitted over the internet. In addition, once the email is received by you, someone may be able to access your email account and read it.
- 2)** Email is a very popular and convenient way to communicate for a lot of people. As a result, the Federal Government has provided new guidance on the issue of email and HIPAA compliance in their latest modification to HIPAA.



3) The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website-<http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>.

4) The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email. By initiating contact or requesting contact via email, you are consenting to the small but inherent risk of an email security breach.

\_\_\_\_\_ **Option 1- ALLOW UNENCRYPTED EMAIL**

I understand the risks of unencrypted email and do hereby give permission to the Body Works Clinic to send me personal health information via secure password protected email but not encrypted email.

\_\_\_\_\_ **Option 2- DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to receive personal health information or billing statements via email.

**You also have the following rights:**

- Review and inspect your medical records.** There is a nominal cost associated with providing you with copies of your records, either in paper or electronic format.
- Request in writing that your medical records be amended if you feel they are Incorrect.** The office has 60 days to accept or deny your request in writing.
- Receive a log of the disclosure of your records.**
- Revoke or restrict any authorizations previously made.**
- Receive automatic notification of any breach of your PHI.**
- Lodge a complaint to appropriate authorities if you feel that your privacy rights have been violated without fear of retaliation.**

\_\_\_\_\_  
\_\_\_\_\_  
**I have read, understood, and acknowledged the Body Works Clinic Patient Privacy Policy and consent to use according to the terms above.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_