

Note for John Doe on 01/24/2005 - Chart 1583

**Chief Complaint (1/1):** This 50-year-old male presents today with complaints of neck discomfort.  
**Neck Pain-Aggravating Factors:** Factors that aggravate neck pain: turning neck to the left.  
**Neck Pain-Associated Symptoms:** Patient is also experiencing numbness in left arm.  
**Neck Pain-Context:** Neck pain started while exercising.  
**Neck Pain-Duration:** Patient states neck pain has been going on more than 6 hours.  
**Neck Pain-Location:** The pain is located in the cervical area around C1, C2 and C3.  
**Neck Pain-Modifying Factors:** The pain is better with massage.  
**Neck Pain-Onset:** The pain began yesterday.  
**Neck Pain-Quality:** The character of the pain is tearing.

**Owestry Questionnaire:**

Pain comes and goes and is severe.  
Personal care increases pain level, but does not change habits.  
Cannot lift heavy weights off the floor.  
Pain does not prevent walking any distance.  
Can sit only in the favorite chair as long as desired.  
Can stand for an unlimited time without pain.  
Normal night's sleep reduced by 1/4.  
Causes pain/Uses alternate travel.  
Social life is normal but causes extra pain.  
Pain is gradually worsening.

**Allergies:** No known medical allergies.

**Medication History:** Patient is currently using ibuprofen film-coated tablets 600 mg tablet, coated (as needed) usage started on 01/23/2005.

**Past Medical History: Endocrine Hx:** (+) diabetes, controlled by oral hypoglycemics, **Respiratory Hx:** (+) asthma, bronchial.

**Past Surgical History:** Patient admits past surgical history of appendectomy in 1977.

**Social History:** Patient admits alcohol use. Drinking is described as social, Patient admits caffeine use. He consumes 3-5 servings per day, Patient denies STD history, Patient denies illegal drug use, and Patient denies tobacco use.

**Family History:** Patient admits a family history of cancer of prostate associated with father (deceased).

**Review of Systems: Respiratory:** (+) unremarkable, **Psychiatric:** (+) unremarkable, **Neurological:** (+) unremarkable, **Musculoskeletal:** (+) neck pain, **Genitourinary:** (+) urinary difficulty, **Eyes:** (+) unremarkable, **Endocrine:** (+) unusual fatigue, **Ears, Nose, Mouth, Throat:** (+) unremarkable,

**Constitutional Symptoms:** (+) dizziness, **Cardiovascular:** (+) unremarkable, **Allergic / Immunologic:** (+) unremarkable.

**Physical Exam:**

Patient is a pleasant, 50 year old male in no apparent distress who looks his given age, is well developed and nourished with good attention to hygiene and body habitus.

**Respiratory:** Lungs clear to auscultation with no rubs noted. Respirations are even without use of accessory muscles and no intercostal retractions noted. Breathing is not labored, diaphragmatic, or abdominal.

**Cardiovascular:** Normal S1 and S2 without murmurs, gallop, rubs or clicks.

**Abdomen:** Abdomen exam normal, with bowel sounds X 4, no evidence of masses or tenderness

**Skin:** No skin rash, subcutaneous nodules, lesions or ulcers observed

**Musculoskeletal:** Muscle strength +5/5 in all groups tested.

Muscle tone normal. Muscle volume is normal.

Cervical spine shows hypermobility. Articular facet of C4, articular facet of C2 and lamina of C3 shows palpatory spinous tenderness.

Neck: Neck exam reveals tenderness. Neck stiffness is present. Neck disability index is 73 %.

Soto-Hall is positive with local pain. Right cervical compression and right shoulder depression is positive with radiating pain.

Lhermitte's sign is normal.

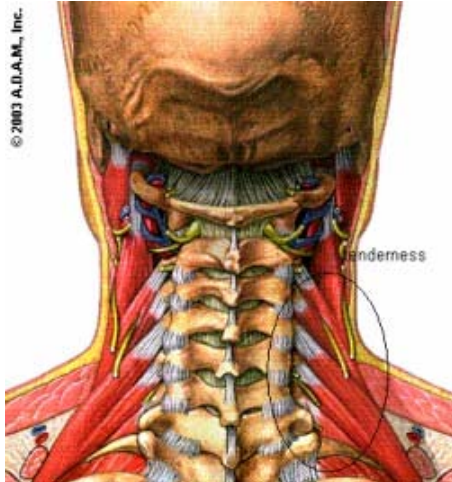
Pain is reproduced with neck turned to the right and neck hyper extended.

Range of motion: Cervical ROM shows 67 degrees flexion, 99 degrees extension, 128 degrees L Tilt, 38 degrees R Tilt, 159 degrees L Rotation, 61 degrees R Rotation. Pain with cervical ROM? yes.

Pain rating 7 on 1 to 10 scale.

Cervical vertebrae demonstrate subluxation.

Owestry Disability Index is 32 %.



**Neuro:** Sensations are intact.  
Deep tendon reflexes normal.

**Test Results:** Cervical x-ray reveals spondylosis.

**Impression:** Cervical spine subluxation.  
Cervical sprain/strain.

As indicated above, during today's examination, John Doe of 50 years of age was evaluated for a new condition. The findings above are demonstrative of findings assessed during today's interaction. As part of our established protocol a detailed history was performed. Information was gathered from John and all those present during this examination authorized to give information on his behalf. As part of this initial evaluation and management procedure a proper history, orthopedic, neurological and physical assessment was performed.

Great emphasis has been placed on designing a descriptive document that will inform all persons involved in the decision making process of John's clinical status and present physical state.

**Procedures:** The following modalities and or procedures were applied to John: The posterior aspect of neck was treated with TENS unit, unattended. The articular facet of C2 treated with distraction by hand. Articular facet of T3, articular facet of T4, articular facet of C3, lamina of C4, lamina of C5 and lamina of T2 treated with gentle manipulation. CMT-spinal, five regions.

**Plan:** To begin with, patient will be seen 3 times per week for 6 weeks. After this period, if patient doesn't have a 70% improvement, he will be re-evaluated.

The following items were dispensed to the patient: cervical collar.

**Orders:**

Physical therapist was given orders to evaluate patient's condition and treat accordingly.

**Follow-up:** Return to office in 2 day(s).

**Patient Instructions:**

Patient completed ABN form

\_\_\_\_\_  
John Smith, D.C.

Digitally Signed on 01/24/2005 By: John Smith, D.C.

01/24/2005

Marcus Welby, M.D.  
1025 Ashworth Road, Suite 222  
West Des Moines, IA 50265

Dear Dr. Welby:

John Doe was seen in my office in consultation as requested by you as a new patient for evaluation and care. The following is a summary of my findings and recommendations:

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If I may be of any further assistance in the care of your patient, please let me know. Thank you for providing me the opportunity to participate in the care of your patients.

Sincerely,

John Smith, D.C.



Patient Instructions for John Doe on 01/24/2005

Patient's Name: John Doe Medicare # (HICN):

**ADVANCE BENEFICIARY NOTICE (ABN)**

NOTE: You need to make a choice about receiving these health care items or services. We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, Medicare probably will not pay for:

Items or Services:  
*Macro input here*

Because:  
*Macro input here*

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully.

Ask us to explain, if you don't understand why Medicare probably won't pay.

Ask us how much these items or services will cost you (Estimated Cost: \$ \_\_\_\_\_), in case you have to pay for them yourself or through other insurance.

**PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.**

Option 1. YES. I want to receive these items or services.  
I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

Option 2. NO. I have decided not to receive these items or services.  
I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay.

\_\_\_\_\_  
Date                      Signature of patient or person acting on patient's behalf

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

\_\_\_\_\_ John Smith, D.C.



**Billing Statement - Monday, January 24, 2005**

**Provider:** John Smith, D.C.  
**Patient:** John Doe, Chart 1583  
123 Main Street  
West Des Moines, IA 50265

**Diagnoses**

1. 739.1 Nonallopathic Lesions Of Cervical Region, Not Elsewhere Classified
2. 847.0 Neck Sprain

**Treatments**

1. 97014 Application Of A Modality To One Or More Areas; Electrical Stimulation (Unattended)  
Related Diagnoses: 739.1  
Modifiers:  
Units:
2. 98942 Chiropractic Manipulative Treatment (CMT); Spinal, Five Regions  
Related Diagnoses: 739.1  
Modifiers:  
Units:
3. L0120 Cervical, Flexible, Non-adjustable (Foam Collar)  
Related Diagnoses: 847.0  
Modifiers:  
Units:
4. 99202 Office or other outpatient visit - new patient - 20 min.  
Related Diagnoses: 739.1, 847.0  
Modifiers:  
Units:

**Referring Physician:** Marcus, Welby, M.D.  
**Date Last Seen:**