DR. TYLER J. HAMMELL
303 N. Main St. • Chamberlain, SD 57325 • (605) 234-6968

PLEASE PRESENT INSURANCE CARD TO FRONT DESK
ALL SPACES MUST BE COMPLETED

Legal Name _____
First Middle Initial Last

Birthdate _____ Age _____ Sex M F Single Married Soc Sec. # _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ Supervisor _____

Family Physician _____ Phone _____

Spouse Name _____ Cell Phone _____

Spouse Employer _____ Work Phone _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

If you have Insurance and you are <u>Not</u> the policy holder, you must complete this section (If insurance is in parent/spouse's name.)

Policy Holder (Name) _____ Relationship to Patient _____ Birthdate _____

Soc. Sec. # _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Work Phone _____

METHOD OF PAYMENT: ☐ CASH/CHECK ☐ VISA, MC, DISCOVER ☐ INSURANCE

I authorize Dr. Tyler Hammell to release any information pertinent to my care or claims to my famiy and insurance and hereby release this clinic of any consequences thereof.

I authorize Dr. Tyler Hammell and his staff to perform services needed during the course of care. Chiropractic care is considered safe and effective. However, complications do arise. A Notice of Privacy Practices and Payment Policy & Insurance Billing Information are available in our waiting room and on our website ChamberlainChiro.com.

I understand that I am fully responsible for payment for all services received.

I have read all the information on this form and have completed it correctly to the best of my knowledge.

Patient/Legal Guardian Signature _____ **Date** _____

(OVER)

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Name _____ Date _____

Today's main area of complaint to be evaluated and treated _____

How did pain start? ☐ Gradual - Pain got worse over time

☐ Acute - Sudden Pain ☐ Chronic - Had pain for weeks or longer

My Pain Is

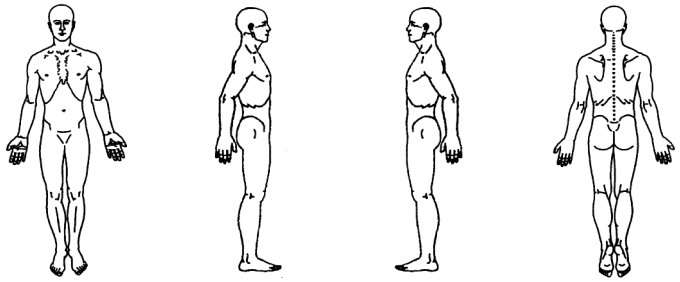
☐ 0	☐ 1 ☐ 2 ☐ 3	☐ 4 ☐ 5 ☐ 6	☐ 7 ☐ 8 ☐ 9	☐ 10
No Pain	Nagging Annoying	Moderate Pain	Disabling	Severe Pain

Reason for today's visit (check one) ☐ **No Accident**

☐ Auto Accident ☐ Work Accident ☐ Other Accident

Date of Accident _____/_____/_____

Explain what happened _____



Circle your pain

When are symptoms present? ☐ Morning ☐ Day ☐ Night

What makes it worse? ☐ **Nothing**
lifting, bending, sitting, coughing, walking, standing

Does anything make it better? ☐ **No**
ice, heat, rest, stretching, walking, sitting, standing,medication

Does it affect work? ☐ **No**
☐ Occasionally ☐ Frequently ☐ Constantly

Does it affect sleep? ☐ **No**
☐ Occasionally ☐ Frequently ☐ Constantly

Who else have you seen for **today's** symptoms? ☐ **No One**
Name _____ Specialty _____ Date _____
His/Her diagnosis _____ Treatment received _____
Recommendation/Treatment plan: _____

What tests have you had for **today's** symptoms: ☐ **None**
X-rays Date: _____ Where: _____ MRI Date: _____ Where: _____
CT Scan Date: _____ Where: _____ Other Date: _____ Where: _____

I wear: ☐ **None** ☐ Heel Lift ☐ Arch Supports/Orthotics

Family History
☐ **None**
Indicate below, if any, grandparents, parents, siblings, children has/had any of the following:

Rheumatoid Arthritis _____	Degenerative Arthritis _____	Diabetes _____	Heart Problems _____
Lupus _____	Cancer _____	Thyroid Disease _____	Depression _____
Osteoporosis _____	Alzheimers _____	Epilepsy _____	Parkinsons _____

Other _____

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Name:_____ Date:_____

You must provide us with your complete health history that would otherwise not come to the attention of a Chiropractic Physician. This health information could have an important inter-relationship with the care you receive today.

Please **X** any of the following that applies to you

☐ None **Musculoskeletal**	☐ None **Neurological**
☐ Fracture/Broken Bones _____	☐ Headaches ☐ Numbness/Tingling
☐ Neck/Back Surgery _____	☐ Blurred/Double Vision ☐ Speech Difficulty
☐ Joint Replacement _____	☐ Dizziness ☐ Balance Difficulty
☐ Osteoperosis/Osteopenia _____	☐ Stroke/Mini Strokes ☐ Walking Dificulty
☐ Joint Pain/Swelling/Stiffnes _____	Other _____
Other _____	

☐ None **Cardiovascular**	☐ None **Psychiatric**	☐ None **Neurological**	☐ None **Respiratory**
☐ High Blood Pressure	☐ ADHD	☐ Multiple Sclerosis	☐ Asthma
☐ Heart Disease	☐ Depression	☐ Epilepsy	☐ Bronchitis
☐ Vascular Disease	☐ Anxiety	☐ Cerebral Palsy	☐ Emphysema/COPD
☐ Blood Clot	☐ Schizophrenia	☐ Tumor	☐ Chronic Cough
☐ Carotid Artery Disease	Other _____	Other _____	Other _____
Other _____			

☐ None **G. U. System**	☐ None **Endocrine**	☐ None **Musculoskeletal**	☐ None **Immunologic**
☐ Kidney Problems	☐ Diabetes	☐ Degenerative (Osteo) Arthritis	☐ AIDS or HIV
☐ Bladder Problems	☐ Thyroid Problem	☐ Fibromyalgia	☐ Rheumatoid Arthritis
☐ Prostate Problems	☐ Hormonal Problem	☐ Muscular Dystrophy	☐ Lupus
Other _____	Other _____	Other _____	☐ Neurofibromatosis
			Other _____

☐ None **Hematological**	☐ None **Gastrointestinal**	☐ None **E.E.N.T**	☐ None **Dermatologic**
☐ Anemia	☐ Crohn's	☐ Hearing Loss	☐ Eczema
☐ Leukemia	☐ Ulcerative Colitis	☐ Upper Resp. Infection	☐ Psoriasis
Other _____	☐ Diverticulitis	☐ Sinus Problems	Other _____
	☐ Irr. Bowel Syndrome	☐ Swallowing Problems	
	Other _____	☐ Glasses/Contacts	
		Last Eye Exam _____	

☐ None **Cancer**	☐ None **Allergies**	**OBGYN (Females Only)**
Type(s) _____	☐ Environmental _____	Are you pregnant ☐ No ☐ Yes How far _____
	☐ Drug _____	Last menstrual period _____

List surgeries with dates: ☐ **None:** _____

List the Medications/Vitamins/Herbs you are taking (Please provide a list): ☐ **None:** _____

CHAMBERLAIN CHIROPRACTIC

Dr. Tyler Hammell
303 N. Main St.
Chamberlain, SD 57325
Tel: 605-234-6968

PAYMENT POLICY & INSURANCE BILLING INFORMATION

Patients with insurance are responsible for their copay/ estimated portion on each visit Please read below for more information which may apply to you.

Patients without insurance are responsible for full payment on each visit.

Insurance: Most insurances don't pay 100%, you will be paying your estimated portion on each visit. Your remaining portion will be due in full upon receipt of our bill. Often times we have already waited 60-90 days for your insurance to process your claim. We are an in-network provider for Wellmark BCBS, Sanford, Avera and DAKOTACARE.

Medicare: We send all claims to Medicare and Medicare Advantage Plans. Medicare will forward your claims to your supplement. Medicare will **only** pay for the spinal manual manipulation and you must commit to Dr. Hammell's treatment plan as it's required by Medicare. If you want to come in when you want to that is considered maintenance and Medicare doesn't cover maintenance. An exam is required on every new patient; Medicare does not pay for it. Medicare sends payments to the patient for the spinal manual manipulation. Therefore, you will pay us on each visit.

Worker's Compensation: You should have reported the accident to your employer within 3 working days of the accident and filled out a First Report of Injury form from your employer. We will send all claims to your worker's compensation insurance that you or your employer has provided to us. They usually pay 100%. If an attorney is involved we need to know this right away.

Auto Accident: We will send the claims to **your** own auto insurance, even if it's the other driver at fault. They usually pay 100%. If the payment is sent to you-that payment needs to be brought in to us promptly. If an attorney is involved we need to know this right away.

Personal Injury: All personal injuries are treated as a cash patient. Examples are getting hurt by someone's animal, getting hurt in a store while shopping, getting in a fight etc.

Continued on back

We believe the best doctor-patient relationship exists when there is a complete understanding of your financial responsibilities.

We offer chiropractic services. Our relationship is with you-not with your insurance. We do not specialize in insurance. However, as a courtesy to our patients we will send claims to your insurance. The most misunderstanding in our office is the patient not knowing his/her insurance benefits. We rely on you to understand your insurance benefit that covers you. Each patient and each insurance policy is unique and confidential to you. If you have questions about your insurance or how they paid on a claim please call them. You are ultimately responsible for payment for all the services received.

There are different levels of Chiropractic Care that is available. If you just want to get out of pain even though your body could be healthier is the quickest but in the long run more costly. Once you get out of pain then you go into the healthier stage and see us less often and the treatments are helping you with fewer illnesses, being more energetic, less stressful, less inflammation, longevity, balance and boost your immune system. Mobility and having your spine in line make your nerves function better therefore your body feels better and you should be in less pain. You don't have to be in pain to be not healthy that's why chiropractic care is good for everyone! The other stage of care is "Maintenance" or "Wellness". This is when you are out of pain and you are healthy and you seek Chiropractic Care on a monthly basis. This is the most affordable plan once you reach this point.

It only takes a small amount of pressure on a nerve, about the same pressure as the weight of a quarter on the palm of your hand to cut out 50% of the nerves ability to function normal. This is why it's important to have regular chiropractic care to keep the nervous system functioning normal which leads you to feeling better and being healthier.

* We recommend you to follow the doctor's treatment plan he has given you to get optimal care.
* As a courtesy to the doctor and other patients, kindly give us a 24 our notice if unable to keep an appointment or there will be a $25 fee.
* We accept cash, check, credit cards, debit cards
* Returned check fee is $35
* Accounts past due will be charged a $5.00 monthly late fee. You are responsible for any additional charges incurred from collections, court fees, attorney fees

If you have any questions please ask!

VISIT OUR WEBSITE: ChamberlainChiro.com.
Like Us on Facebook!