

HealthQuest Chiropractic, LLC

Charles Spear, D.C.

“Do or Do Not ... There is No Try”

Recommended Action Plan

Prepared for: Mr. Bob Smith

Date: August 11th, 2008

Complaints:

- 1 Neck/Upper back pain.
- 2 Headaches.
- 3 Tension in the shoulders.
- 4 Mid back pain.
- 5 Lower back pain.
- 6 Occasional hand tingling in both hands, greater on the right.

Duration:

There is a history of these problems/complaints for the past 9 years and associated with being overweight (previously).

Aggravating Factors:

Nothing specified.

Limitations:

Nightly sleep patterns are disrupted.

Past Chiropractic and Other Care:

Mr. Smith was under the care of a chiropractor, with his last visit noted approximately 5 years ago. A positive experience is noted.

Goals of Care:

Mr. Smith wants the Doctor to Select the Appropriate Type of Care.

Care Plan:

- 1. Duration of care X weeks
- 2. Examinations X
- 3. Treatments X Total
 - EMS/US 3 x X weeks = XY treatments (Phase 1)
 - EMS/Stretch 2 x X weeks = XY treatments (Phase 2)
 - Stretch/Exer. 1 x X weeks = XY treatments (Phase 3)
- 4. Neck & Back DVD 1
- 5. X-rays

**This care plan is exclusively based on the duration and current status of these complaints, in conjunction with Mr. Smith's goals.

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Cost of Care Plan:

2.	\$X	
3.	Y x \$X =	\$YX
	Y x \$X =	\$YX
	Y x \$X =	\$YX
4.	\$X	
5.	\$X	
6.	\$X	

	\$XY	CASH COST

Insurance Coverage: N/A

Both parties, Mr. Smith and Dr. Spear, have read this and understand these specified costs are estimated. By the signatures below each party understands the above recommended treatment plan and costs, however does not give explicit or implied consent for accepting the plan nor rendering payment.

Mr. Bob Smith

Date: _____

Dr. Charles Spear, D.C.

I would like to accept this care plan. I understand that 100% of X visits are covered under this care plan and I will be billed nothing beyond the above cost for these X visits.

I would like to pay in the following manner:

- 1 Paid in Full At Time of Report (X% discount) \$Y
- 2 (5) Monthly Payments (X% discount) \$Z

Mr. Bob Smith

Date: _____

Dr. Charles Spear, D.C.