



Notes: It is our philosophy that every C.A. needs to be able to explain chiropractic to new patients. At the beginning of every office procedures seminar, we teach this concept.

INTRODUCTION TO CHIROPRACTIC

I. How was chiropractic discovered?

Chiropractic was discovered by Daniel David Palmer in 1895. D.D. was a self-proclaimed magnetic healer, using his hands to restore the energy flow of the body. There was a janitor in his office building that had not been able to hear for approximately seventeen years. One day D.D. offered to help the janitor, Harvey Lillard, if he could. D.D. palpated Harvey's spine and found a bump on his neck. Harvey explained that he had "heard a snap" one day while bending over and then the bump appeared. D.D. placed his hands on the bump and gave a thrust. Harvey's hearing was restored and chiropractic was discovered.

II. How does chiropractic work?

A person's spine is made of twenty-four bones called vertebrae. At the top of the spine is the skull which houses the brain or master computer. From the brain, the nerve impulses travel down the spinal cord (which is protected by the vertebrae.) Nerves branch out between the vertebrae and travel to all areas of the body. A person cannot take a step without the brain telling the body to move. When the vertebrae become misaligned or "out of place," they put pressure on the nerve. This is called a "subluxation." The message from the brain is slowed down and the life energy carried by the nerve is unable to reach the organs and tissues at 100% of its potential. A chiropractor aligns the vertebrae through gentle adjustments to the spine, relieving the pressure on the nerve and allowing 100% of the nerve energy to reach the tissues it serves.

III. What are the effects of subluxations?

It is easy to understand if you compare the nerve to a hose. If your garden is desperately dry and needs moisture to grow, you will hook up a hose and water the garden. However, if someone comes along and steps on the hose cutting off the water supply, the garden will become sick and eventually die. Likewise, if the hose is released, the water supply will be restored and the garden can grow. Your body reacts in the same manner to subluxations. After a subluxation has existed for a period of time, symptoms will occur. The various symptoms of subluxations differ greatly. In some cases, the person may experience pain, numbness, or tingling. In other cases, the symptoms may go



unnoticed except that the person is more susceptible to colds, tires more quickly or starts having problems with an internal organ. Remember, the energy which travels down the spinal cord and through the nerves serves every area of the body. Therefore, any area of the body can be affected by a subluxation.

IV. When does the first subluxation occur?

Often the first subluxation occurs at birth. Think of that fragile spine being twisted and turned as the doctor pulls the infant through the birth canal. Can you imagine how much trauma that causes? Learning to walk, riding bikes, and climbing trees are often other causes of subluxations. Adolescents who participate in sports also experience problems. As adults, there may be auto accidents, work injuries or stress that affect the spine. Many of the activities of daily life can cause subluxations.

V. How long will it take to heal?

It all depends. Many times a subluxation has existed for a period of time before the person starts experiencing symptoms. The muscles of the spine have adapted to the incorrect position of the vertebrae. For that reason, it may take a series of adjustments before the muscles become accustomed to holding the vertebrae in the proper position. The muscles have to be retrained. It is almost like playing tug-of-war with your body for a while. The doctor adjusts the spine and the muscles, ligaments and tendons pull it back out. Many patients will not seek chiropractic care until the symptom appears. By that time, the vertebra has been misaligned for some time. That is why periodic spinal checkups are so important; prevention is the key to maintaining health.

VI. What do chiropractors do?

Let's first understand what they don't do. They will not prescribe drugs, perform surgery or treat symptoms. They find and correct the cause of the symptoms; that is, they find and correct subluxations.

VII. How do they treat the cause?

Chiropractors gently move the bones of the spine into place which relieves the pressure on the nerve. When the spine is aligned, the body receives the energy needed to heal itself naturally.



PATIENT EDUCATION OUTLINE

I. Introduce yourself.

II. History—D.D. Palmer, 1895; Harvey Lillard, janitor, hearing problem.

III. Brain—master computer. Describe the relationship between the brain, vertebrae and nerves.

IV. Subluxation. Describe subluxation. Your symptoms can be caused by a subluxation. Use hose analogy.

V. When does a subluxation occur? Birth, activities of childhood, sports, work injuries, auto accidents, etc.

VI. How long will it take to heal? Muscles have adapted to the improper position. Series of adjustments will be needed until muscles get used to the proper position. Use tug-of-war example.

VII. What do chiropractors do? They don't prescribe drugs, perform surgery, or treat the symptoms. They correct the cause—subluxation.

VIII. How do they treat the cause? Gentle movement of the vertebrae, taking pressure off nerves and allowing your body to heal itself naturally.

IX. Any questions?



Note: While the doctor is explaining chiropractic to parents in a lay lecture, we suggest that the C.A. explain chiropractic to the children. This encourages family care.

LAY LECTURE FOR KIDS

Tonight while the doctor talks to your parents, I'm going to talk with you about Spenser the Spine. Have you ever heard of Spenser the Spine? He's really special and I want you to meet him. Look at what I'm holding. This is a spine. You have one just like this inside every one of you. Some people call it a backbone. It's right back here. (Touch someone's back)

Let's look at Spenser the Spine really close. See these hard bones? We call them vertebrae. Can you say "vertebrae" with me? These hard bones, vertebrae, have a hole in the middle. Your spinal cord runs through that hole. This spinal cord is made of things we call nerves. Move your fingers for me. Do you know that you can move your fingers because you have nerves? Your brain says "Move your fingers." This message travels down your spinal cord and out through nerves that go right to the very tips of your fingers.

These nerves are very important. Everything you do depends on your nerves. When you run, it is because your brain tells your legs to move. When you ride bike, your brain is sending messages through the nerves telling your legs how to pedal. These bones, the vertebrae, protect the spinal cord so your legs get the right message. Can you imagine what would happen if your brain said "run" and your arms moved instead of your legs? You wouldn't get very far, would you?

Sometimes these vertebrae get out of place, they move where they shouldn't. Sometimes they even move like this and pinch a nerve. Do you know what happens then? It can hurt real bad. These nerves are softies. They don't like having a hard bone resting on them. It hurts. Our doctor here is trained to know when these vertebrae get out of place and put them back where they belong. He (she) is trained to fix "subluxations." That's a big word, isn't it? That's what it's called when the vertebrae get out of place and pinch the nerves like this. Can you say "subluxation" with me—let's say it slowly. Subluxation. Subluxation. Very good! Now you can tell your mommy and daddy about subluxations.

What do you think makes these vertebrae move and pinch nerves? Have you ever fallen off your bike? You can hurt your back and not even know it. You can have a subluxation from it. What else have you done that hurt? (Let them tell you stories) That could cause a subluxation, couldn't it? You bet. If you don't have the doctor check your spine occasionally, you could have lots of subluxations by the time you get as old as your mommy and daddy.



What does our doctor do? Does he/she give you shots? No! Does he/she give you pills to take? No way. Does he/she work on your teeth? Nope, that's a dentist. Does he/she put you in the hospital? No! Our doctor puts you on a table and uses his/her hands to find these vertebrae that are out of place. Then he/she puts them back where they belong so these nerves don't get sick and make you sick. Our doctor looks for subluxations and fixes them.

So let's see how much you remember. What's this bone called? Vertebra. What's this (yellow-green-or whatever color) thing called? Nerve. What's it called when this vertebra moves out of place like this and pinches a nerve? Subluxation. What kinds of things can cause subluxations? Falling off bikes, falling out of trees, getting hit with a ball, getting in a fight, etc. What does our doctor do to make sure you don't have a subluxation? He/she checks your spine to see if the vertebra are out of place and gently moves them back into place.



THE ROLE OF THE CHIROPRACTIC ASSISTANT

An assistant is someone who helps or assists another person. In this case, the chiropractic assistant assists the chiropractor in the two criteria for a successful office: patient management and office management. The C.A. may be actively involved in patient care by performing such tasks as a new patient interview, education of the patient, performing an exam, taking x-rays, etc. The chiropractic assistant also aids with office management by using the telephone to make appointments, collecting money, billing insurance companies and performing many other related tasks. Since a new patient's impression of the office is formed by the initial contact, the role of the chiropractic assistant is extremely important in developing a good first impression. There are five key ingredients that comprise a good FIRST impression. They are:

F = Friendly **I** = Intelligent **R** = Resourceful **S** = Self-disciplined **T** = Trustworthy

To become first in the patient's eyes, the C.A. must be friendly. Learn patient names quickly and greet each patient by name. Train yourself to remember previous conversations with a patient and refer to them in your subsequent contacts. Show a sincere and friendly interest in each patient as an individual. Next, a C.A. must be intelligent. When a patient asks questions about chiropractic, the C.A. should answer them with ease. Problems with insurance should be handled with tact and understanding. An intelligent C.A. is able to share knowledge in a clear, concise manner which encourages the patient to ask further questions until the answer is fully understood. A chiropractic assistant must be resourceful. According to the definition, a resourceful person is able to deal promptly and effectively with problems. Situations will arise when a patient has to wait an excessive length of time for an appointment; the ability to empathize with the patient and deal with the wait is a key to success. Self-discipline is a necessary ingredient to achieving the ultimate performance in any job. It often involves doing things when you don't feel like doing them. There may be times when it is difficult to call patients with delinquent accounts or patients who have missed appointments. Self-discipline distinguishes the mediocre C.A. from the truly exceptional one. Finally, a C.A. must be trustworthy. By choosing your office for chiropractic care, the patient has entrusted his/her most valuable possession, health, to your hands. In addition, the doctor is trusting you to protect and promote his/her business. In both cases, the amount the trust involved is enormous. Your doctor knows and understands the importance of a good FIRST impression or you would not be reading this material.



PATIENT PROCESSING

The chiropractic assistant is responsible for directing the flow of the office, making sure that adjusting rooms are kept filled, appointments scheduled and funds collected. There is a pattern that emerges which will keep the flow even and productive. A typical method of patient processing is listed.

1. As soon as the patient enters the office, look up from your work and greet him/her.

2. When an adjusting room is available, the patient should be directed into the room. In most cases, the chiropractic assistant will actually lead the person to the room. To get cooperation quickly, you might say:

“(Patient’s Name), follow me please.”

Avoid using phrases such as “Would you come with me, please?” This phrase could be answered with a negative response, causing an unnecessary delay.

3. If the patient wears glasses or has earrings which will be in the doctor’s way, suggest that the patient allow you to put them aside for safekeeping.

“Mrs. Jones, if you’ll hand me your glasses, I’ll put them over here until you have had your adjustment.”

4. After the patient has been adjusted, he/she should come to the front desk. The first responsibility is the scheduling of the next appointment.

“Mrs. Jones, when did Dr. (Last Name) want to see you again?”

5. Once the appointment is scheduled, the fee should be collected.

“Mrs. Jones, your charge today is \$35. Will that be cash or check?”

6. When the money has been collected and the receipt given to the patient, the date of the appointment can be confirmed.

“We’ll see you on Monday. Have a nice weekend.”



PATIENT CONFIDENTIALITY

Patient confidentiality is a very important part of the doctor-patient relationship. A person's health problems are personal; the chiropractic assistant should protect the confidentiality of patients' records at all times. Usually the breach of confidentiality is inadvertent, occurring without any malicious intent. The common breaches are discussed in an attempt to make the chiropractic assistant aware of the possibilities and avoid them.

1. Insurance companies or employers may call and request information about the patient's symptoms, progress or diagnosis. Under no circumstances should this information be released over the phone. Also, an employer may call just to verify that the employee kept an appointment. Even the confirmation of the appointment would be a breach of confidentiality. To help you handle this situation, a standard reply might be used: "We would be happy to release that information but our patient records are confidential. If you'll forward a signed release from our patient, we'll send the information you requested right away."

2. Because patients can be personal friends or relatives, it is sometimes easy to talk about them to other people. The small town where everyone knows each other is a typical example. In one situation overheard in a waiting room, the chiropractic assistant was discussing a person who was recently deceased with another patient. The chiropractic assistant expressed her surprise and added the comment that the deceased's main health problem was high blood pressure. This type of information, while seemingly harmless, is still a breach of confidentiality. A chiropractic assistant may talk about his/her work, but not about specific patients. In addition, chiropractic assistants should not be talking about patients as they work. Patients in the waiting room are often eavesdropping. To be truly trustworthy, the chiropractic assistant must never divulge personal information.

3. Finally, a chiropractic assistant should be sensitive to the feelings of other people. A patient with money or personal problems will be reluctant to discuss them where others in the waiting room will overhear. If a patient needs to make special financial arrangements or discuss a personal problem, take him/her from the waiting room into a private area or set an appointment to discuss the situation privately at the next visit. A chiropractic assistant is entrusted with a volume of information that is highly personal in nature. It is his/her responsibility to safeguard that information at all times.



PATIENT RAPPORT—MAKING PEOPLE FEEL IMPORTANT

When patients come into a doctor's office, they are often experiencing varying degrees of discomfort, fear and unease. The chiropractic assistant has the unique opportunity to make a difficult situation a positive experience. There are several tips that will make each visit a positive experience:

1. Learn and remember each patient's name. There is nothing so important to a person as his/her individual name. The C.A.'s ability to remember a patient's name will immediately create goodwill. To remember a patient's name, it is necessary to first get a clear pronunciation. When introduced, ask the patient to repeat the name until you understand it. Then, repeat the name several times silently. Observe any personal features such as face, size and voice that will trigger recognition. If possible, use an association to remember the name, realizing that the more absurd the association, the more likely you are to remember it.

2. Look up from your work and greet each patient by name. Prior to each shift, the alert chiropractic assistant will have memorized the names of the new patients that are expected. When a new face enters the office, the C.A. can say something like "Mrs. Jones? We've been expecting you." In a busy office, there is a strong temptation to plunge ahead with paperwork and ignore the arrival of an established patient. A friendly smile and a personal greeting can make the difference between the impression of cold efficiency and friendly concern.

3. Encourage people to talk about themselves. Have you ever noticed that a stomachache hurts worse when you are lying flat on your back trying to sleep? As a patient comes into the office, ask about his/her job, family, hobbies, leisure time activities. When a person begins talking about something of interest to him/her, the discomfort that may be present will suddenly become less intense. In addition, the conversation will give clues to the listening chiropractic assistant about other family members or friends that are potential chiropractic patients.

4. Remember incidents from previous conversations. If a patient previously talked about a hobby, bring up that hobby again in conversation. Ask about progress in school, accomplishments of an athletic team, or completion of a special project. The patient will be impressed with the chiropractic assistant's sincere interest. If you have difficulty remembering important facts such as names of family members, make a note on the patient's adjusting card or folder.



5. Look for something positive to say at each visit. If a patient had previously been troubled with pain which restricted movement, the C.A. might say "You're walking a lot better today." If the patient has been having headaches which were interrupting sleep patterns, a comment like "You look like you rested better last night" might be appropriate. Part of the healing process is the emotional and mental commitment to health. The chiropractic assistant plays a key role in making the atmosphere of the office and waiting room positive and healing.



APPOINTMENT BOOK PROCEDURE

An appointment book which is used effectively is one of the most important keys to a successful office. When the appointment book procedure is followed religiously, it will organize the patient flow, minimizing the waiting time for each patient. It also allows the doctor and chiropractic assistant(s) to make the most efficient use of their time. One problem frequently faced in many offices is the inability to keep track of patients. Once a patient misses an appointment, he/she may fail to call and reschedule. As a result, the patient loses the progress that has been made under chiropractic care. This appointment book procedure provides a methodology for tracking patients. It is recommended that the office purchase an eight-column appointment book, even for new or small practices. The appointment book should always allow room for growth in the practice and a two-column book can be unnecessarily restrictive. It is also recommended that all entries in the appointment book be made in ink. The appearance of the book will be greatly enhanced; in addition, the use of ink has a psychological effect on the user which normally results in more legible entries. The eight columns should be labeled as follows:

1	2	3	4	5	6	7	8
Missed	Reason	New	Re-exam	Reg.	Reg.	Reg.	Reg.
Appt.		Pt.		Pt.	Pt.	Pt.	Pt.

Finally, the appointment book can be color-coded for easy reference. Four primary colors and their uses are explained in the following information:

BLACK—Regular appointments

GREEN—Appointments scheduled two weeks in advance (maintenance)

RED—Missed appointments

BLUE—Re-evaluation, new patients, kept appointments

GREEN—Use reminder calls or cards to notify patients of upcoming appointments.

To understand the use of the appointment book, the following step-by-step instructions have been provided:

1. The right side of the appointment book (columns 5 through 8) contains the scheduled appointments for that day. If the patient is coming in frequently, the appointment should be written in black. If the patient is scheduling an



appointment two weeks or more in advance, that appointment should be recorded in green ink. Try to fill the left-hand column (No. 5) first; whenever possible, avoid scheduling multiple appointments at the same time. Also, schedule appointments for the beginning and end of the day first and work toward the middle. If the doctor has time which is not filled, it will be all in one block rather than sporadic.

2. When a patient keeps his/her appointment, put a blue X on the name. If a patient misses an appointment put a red NS (no show) and transfer the name to the first column (No. 1). When a patient cancels and reschedules, put a red "CR" over the name. Write the new appointment in black at the appropriate time.

3. The first two columns (Nos. 1 & 2) on the left side of the appointment book are for patients who missed their appointments. After waiting fifteen minutes from the scheduled appointment time, transfer the patient's name and telephone number in red ink to Column 1.

4. The second column (No. 2) should explain the results of the phone call to the missed appointment. If you called the patient and no one answered the phone, put N.A. (no answer) in that column. If you left a message, write "left message." When you reschedule the appointment, put "RS" and the appointment time and date. During your shift, you should call each missed appointment three times or until you reschedule. If any patients have not been rescheduled by the end of the day, the afternoon shift is responsible for transferring the names of the missed appointments to Column 1 of the following day. This allows the office to continue to call missed appointments until they have been rescheduled.

5. The third column (No. 3) is for new patients. The name and phone number of the new patient should be written in blue ink at the appropriate time.

6. The fourth column (No. 4) is for re-exam or re-evaluation x-rays. The patient's name should be recorded in blue at the appropriate time. This allows the office to make efficient use of the x-ray machine and exam room.

Remember, the appointment book is a tool which can make your job easier and more fun!



CONDUCTING A PATIENT INTERVIEW

1. Be prepared before the patient comes into the office.
 - a. Have folder completed as much as possible, with case history and other necessary forms attached to a clipboard.
 - b. Review the information you have available on the patient. 1. Review pronunciation of the patient's name. 2. Using the patient's occupation, how can you relate chiropractic in terms familiar to the patient?
2. Greet patient by name with a smile on your face.
 - a. One way to make the patient feel welcome is an opening statement like this: *"Good morning, Mrs. Beasley, we have been expecting you."*
 - b. Give clipboard to the patient and request that the necessary signatures and information be provided. Make sure to direct the patient to a seat in the waiting room while the forms are being completed: *"Mrs. Beasley, why don't you have a seat in the waiting room while you are filling out the forms?"*
 - c. When the patient returns the clipboard, review the forms to make sure they are complete. If you are ready, take the patient immediately into the exam room. If you are not ready to interview the patient immediately, ask him/her to have a seat in the waiting room. *"Mrs. Beasley, please have a seat. I'll be with you in a moment."*
3. Take the patient to the exam room with you leading the way. *"Mrs. Beasley, follow me please."*
 - a. Shake hands and introduce yourself. *"Mrs. Beasley, I'm Sharon, the doctor's assistant. I'll be getting some preliminary information from you. Please have a seat over there."*
 - b. Go through the case history form step by step. Make sure to get complete information about the current problem. Here is a list of questions you might ask:
 1. Describe the pain. Is it sharp, dull, tingling, etc.?
 2. How long have you had the problem?
 3. How did it happen?
 4. Has this problem ever happened before?



- c. Touch the patient in the vicinity of the pain.
 - d. As the patient talks about the problems, prioritize them according to severity.
4. Talk to the patient about chiropractic using the new patient talk.
 5. Introduce the patient to the doctor and explain your findings.
 - a. Excuse yourself and make the doctor aware that the new patient is ready for exam. *"Mrs. Beasley, I'm going to let the doctor know that you are here. You might want to read this literature while you are waiting."* Hand the chiropractic literature to the patient.

- b. When you return with the doctor, introduce him/her and give a brief summary of your findings: *"Dr. Jones, this is Mrs. Beasley. She was referred to us by Mr. French. (pause and allow the doctor time to shake hands and greet the patient.) Mrs. Beasley is experiencing a sharp pain in the thoracic area between the shoulder blades. (Walk to the patient and touch the area where it hurts.) She has been having this pain mostly at night or when she takes a deep breath. It has been going on for three days now. She also has experienced chest pains and numbness in her right hand. Three days ago while typing, she experienced a severe pain in the chest which lasted approximately two minutes. It comes and goes now. She has been checked for heart problems, but the tests are all negative."*

5. If the patient is a personal injury or worker's compensation case, make sure to get details of the accident. Your office should know:

1. When it occurred.
2. How it occurred.
3. Immediate treatment after the accident.
4. Immediate symptoms following accident.

In the above example, the C.A. gleaned the following from the patient and should bring it to the Doctor's attention: *"Doctor, I believe it is important to mention that Mrs. Beasley was in a car accident three months ago. Her car was rear-ended while she waited at a stop sign. Her head was thrown forward and hit the steering wheel. She was not wearing a seat belt. The ambulance took her to the hospital for tests; she was x-rayed and released with no apparent injuries. She developed headaches about a week after the accident, but they have since subsided."*



TELEPHONE PROCEDURES

The telephone is usually the first contact with a new patient and a continual source of contact with an established patient. For that reason, telephone technique can “make or break” a practice. Your voice should convey friendliness and your willingness to help. To affirm that your voice conveys friendliness, put a smile on your face before answering the phone. The smile will be transferred to your voice. The telephone procedures in this manual are divided into various situations. In each case, an appropriate method of handling the situation is indicated. Remember, there is no one correct procedure, but a number of alternatives that are appropriate. The style you use should fit your personality. The telephone should be answered on the second ring. If answered on the first ring, it may seem that the office is not busy. If the phone is allowed to ring five or six times, it may seem that the office is indifferent to phone calls. Answering on the second ring strikes a happy medium.



ANSWERING THE PHONE

Before lifting the phone, put a smile on your face. Then, identify the doctor/clinic and yourself.

“Jones Chiropractic Clinic, Sharon.” —or— “Dr. Jones’ office, this is Sharon.”

Other phrases such as “Good morning...Good afternoon...May I help you?” are not necessary and may create an unusually long introduction which the caller may resent and become impatient. The smile in your voice will convey your friendliness and willingness to help without the extra verbiage.

1. Wait for the second ring.
2. Smile.
3. Identify the doctor/clinic.
4. Identify yourself.



SCHEDULING APPOINTMENTS

When a patient calls to schedule an appointment, a new chiropractic assistant will undoubtedly have to first determine whether the patient is an established one or if this is the initial visit. After a period of time, the chiropractic assistant should know the majority of established patients and have to use this approach only on rare occasions.

“Mrs. Jones, when was the last time you saw Dr. Smith?”

Assuming that the answer is a relatively recent date, determine the time of day that is convenient.

“Would morning or afternoon be more convenient for you?”

After getting the response, give the patient a choice of two appointment times at least two hours apart.

“We have an opening at 9:15 and another at 11:30. Which would be better for you?”

Once the patient has indicated the preferable time, reconfirm the time and the day in the patient’s mind.

“Mrs. Jones, I have scheduled you for Friday at 11:30. Thank you for calling.”

Summary:

1. Ask “When was the last time you saw Dr. Smith?” to determine whether the patient is new or established.
2. Ask “Would morning or afternoon would be more convenient?”
3. Suggest two appointment times at least two hours apart.
4. Reconfirm the time and date and thank the patient for calling.



SCHEDULING A NEW PATIENT

When a new patient calls, the first contact and the impression that is given is critical. Usually the patient will indicate the need to see the doctor and describe the symptoms that are occurring. Express concern about the problems and then suggest appointment times.

“Sounds like you’re in a lot of pain right now. We have openings at 10:00 this morning or 3:00 this afternoon. Is either time convenient for you?”

By suggesting two specific times, the patient is aided in making a decision. After recording the patient’s name in the appointment book, proceed to get the top portion of the case history information over the phone. This allows the chiropractic assistant time to get the patient’s cards and file prepared prior to the appointment.

“Mrs. Jones, could I get some information from you right now? We can get your file ready and save you time when you get here.”

After you have asked questions concerning the type of health insurance, ask the patient to bring in the insurance card, policy number and address of the insurance company.

“If you will bring your insurance card and the address of your insurance company, we’ll be happy to assist you in filling out any insurance forms that are necessary as a result of your appointment.”

Finally, as you terminate the conversation, reconfirm the appointment time and make sure that the patient knows the location of the office.

“Mrs. Jones, we have scheduled you for 3:00 today. Do you know where our office is located?”

If it is necessary to give directions, give familiar landmarks (other businesses, cross streets, etc.) to establish the location in the patient’s mind.

“Our office is located on the corner of 5th and Main. You’ll see a Seven-Eleven on the right side. We’re right next to the Seven-Eleven.”

Summary:

1. Empathize with the patient’s symptoms and suggest two appointment times.
2. Ask “May I get some information from you right now. It’ll save time when you get here?”
3. Suggest that the patient bring the insurance card and insurance company address so that your office can assist in the preparation of any necessary papers.
4. Reconfirm the appointment and verify that the patient knows the location of the office. Give familiar landmarks when giving directions to the office.



HANDLING SALESPERSONS

The doctor will receive many phone calls each week from salespeople. Usually the doctor is busy with a patient at the time of the call. Rather than interrupt the doctor during an adjustment, use this response:

"The doctor is with a patient right now. May I take a message?"

Proceed to write down the caller's name (checking for spelling if necessary), the telephone number, the date and time. It is also important to find out why the caller wishes to speak with the doctor.

"May I tell the doctor what this call is regarding?"

After getting the complete information, realize that the doctor may choose not to return the call if he/she is not interested in the salesperson's products or services. To avoid committing the doctor to a return call, the call can be closed with this information:

"I'll give the message to the doctor as soon as he is available. If he is interested, I'm sure he will return your call."

Regardless of the technique used by the salesperson, the doctor should never be interrupted from working with patients unless he/she has specifically indicated that a call is expected and the doctor wants to receive that particular call.

Summary:

1. Inform the caller that the doctor is busy and request a message.
2. Record the caller's name, phone number, company represented, date, time and your initials on a message slip.
3. To assist the doctor in determining whether a return call is necessary, ask for the purpose of the call.
4. Interrupt the doctor for a phone call only when he/she has previously indicated that a call is expected and the doctor wants to receive it.



RESCHEDULING CANCELLATIONS

When a patient calls to cancel an appointment, assume that the patient wants to reschedule. To assist the patient in making a decision, use one of the following approaches:

“Mrs. Jones, let's reschedule that appointment right now. (Pause. If you get no response, proceed with the next statement.) “We have an opening tomorrow at 9:00 or 11:45.”

“Mrs. Jones, the doctor felt that it was important to check your spine today. Since there is a conflict with today's appointment, I'll work you in tomorrow morning. We could see you at 9:00 or 11:45.”

Summary:

1. Assume that the patient wants to reschedule.
2. Suggest two available appointment times.



RESCHEDULING MISSED APPOINTMENTS

When a patient misses an appointment, he/she should be called within thirty minutes of the scheduled appointment time.

“Mrs. Smith? This is Sharon from Dr. Jones’ office. We had you scheduled for a 10:30 appointment today.” (Pause. Usually the patient will give a reason for missing the appointment.) *“We have an opening at 4:00 this afternoon or 9:15 tomorrow morning. Which time would be more convenient for you?”*

Always assume that the patient inadvertently missed the appointment and is anxious to reschedule. As always, suggest two appointment times that are available.

Summary:

1. Call the patient within thirty minutes of the scheduled appointment time.
2. Immediately state the purpose of your call, i.e. that the patient missed a scheduled appointment. Pause and allow the patient to give a reason for the missed appointment.
3. Suggest two available appointment times.
4. Record the appointment in the book.



REACTIVATION CALLS

Reactivation or reacquaintance calls are made to patients that have not been into the office for three months or longer. The purpose of the call is to inquire about the patient's health and to reschedule an appointment for a spinal check-up. Prior to making these calls, prepare yourself. Look at the case history or adjusting cards to determine the nature of the problems that prompted the patient to come to your office initially. When talking with the patient, address the specific symptoms and determine whether the patient has experienced relief from those symptoms. If the patient is not experiencing problems, it is still important to stress the preventive nature of chiropractic spinal check-ups. Finally, set aside a specific time to make the reactivation calls. Do not call before 10:00 a.m. or after 8:00 p.m. To avoid becoming tired, make reactivation calls for no more than two hours on any specific day.

"Mrs. Smith? This is Sharon from Dr. Jones' office. According to our records, we haven't seen you in four months. The doctor asked me to call and see how your headaches are doing."

In many cases the problems will have recurred; express concern and immediately attempt to schedule an appointment.

"Mrs. Smith, I'm really sorry to hear that your headaches have returned. People often find that their symptoms return when they discontinue chiropractic care. It takes time for the adjustments to create a permanent change in your spine. Why don't I schedule you for an appointment this afternoon to have the doctor check you over? We have an opening at 3:45 and another at 5:30. Is either time convenient for you?"

Summary:

1. Set aside a specific time to make the calls. Plan to be on the phone for no more than two hours.
2. Prepare yourself by studying the patient records, especially the symptoms that the patient presented at the initial visit.
3. Express concern about the patient's symptoms and suggest two appointment times.
4. Record the appointment in the book.



NEW PATIENT QUESTIONS

Before scheduling an appointment, many new patients will want to ask questions about chiropractic care or fees. Since the first contact with the patient is critical, the chiropractic assistant's ability to answer these questions easily will set the stage for future patient rapport. A number of new patient questions have been posed in the following examples along with possible responses.

Question—Type of Care

Patient: Does Dr. Jones use (name of technique?)

C.A.: Are you familiar with (technique)?

Patient: Yes, I went to a chiropractor years ago and he used it. It helped a lot.

C.A.: Dr. Jones does not use that particular technique. However, he uses another technique that seems to work just as well.

Question—Symptoms

Patient: Can Dr. Jones help headaches?

C.A.: Dr. Jones has had a lot of success with headaches. However, it's impossible to tell over the phone about your particular situation. The doctor usually decides during the consultation if you can be helped by chiropractic care. I'll be happy to schedule an appointment for you. We have an opening at 10:15 and another at 3:45? Which time would be more convenient?

Question—X-Rays

Patient: Will I have to be x-rayed? I don't want to be exposed to excess radiation.

C.A.: It's impossible to diagnose over the phone since the necessity for x-rays depends on your condition. Once the doctor has examined you, he/she will make that decision.

Question—Fees

Patient: How much are the x-rays?

C.A.: We don't even know if you will need x-rays. Until the doctor examines you, I'd be guessing if I tried to tell you. Since there is no charge for the



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consultation, I'll schedule an appointment for you to talk with the doctor. After the consultation the doctor can answer all your questions. Would 3:15 or 5:30 be more convenient?

Question—Fees

Patient: How much are the adjustments?

C.A.: Our standard charge for an adjustment is \$20.

Patient: Isn't that pretty expensive?

C.A.: I think you'll find that our fees are in line with other doctors in the area. In addition, the doctor will not accept your case unless he/she feels that chiropractic care will help. He/she makes that decision during the consultation. We have an opening at 11:00 this morning or 3:15 this afternoon.

Question--Pain

Patient: I'm afraid to come in. Will it hurt?

C.A.: Most of our patients report that it doesn't hurt at all. If you're in a lot of pain right now, you may experience some discomfort during and after an adjustment. However, it is usually minimal.



SPECIAL CIRCUMSTANCES

There are times when handling a cancellation, calling a missed appointment or making reactivation calls that the patient offers an excuse for the failure to reschedule. The ability to handle the objection hinges upon the chiropractic assistant's understanding of chiropractic and its importance in maintaining health. A number of common objections are handled in this section. The technique will feature the patient's and the C.A.'s dialogue. As indicated previously, this technique is one method of handling the situation, but is by no means the only way to respond to the patient's concern.

Objection--Finances

Patient: I would like to come in, but I can't afford it. That's why I quit coming in the first place.

C.A.: I know that money is really tight right now. You have two problems, a money problem and a health problem. The adjustments were helping your headaches, weren't they?

Patient: Yes, I felt much better as long as I kept the appointments.

C.A.: Then let's work something out so that you can continue with the adjustments. We can set you up on a small monthly payment plan, one that will fit into your budget. When your financial situation improves, we'll raise your payment. We will have taken care of your health problem and your money problem. Does that sound like a workable solution?

Objection--Feel Better

Patient: I'm feeling great. I haven't had a headache in three months.

C.A.: That's just the news we like to hear. I'm sure the doctor will be pleased. You know, chiropractic checkups are important to make sure that you maintain your health. I'd be happy to schedule you for a checkup.

Patient: Maybe some other time. As long as I feel good, I don't think I'll come in.

C.A.: Okay. If we can be of service to you in the future, please call us.

Objection--Hurt Worse

Patient: I'm not coming back. After the last adjustment, I hurt worse than I ever had.



C.A.: Can you describe what happened after your last adjustment? Was the discomfort more severe? Was it any different than before?

Patient: I was just sore all over. It felt like my whole body ached.

C.A.: That is a normal reaction. When you exercise, you will often get really sore muscles, especially if you haven't exercised for a long time. Since you've been out of alignment for quite a while, it will take time for your body to adapt to the changes that the doctor is making. Why don't you come in today and talk with the doctor about the soreness after the adjustment?

Objection--Sick

Patient: I won't be keeping my appointment today. I've got a cold and ache all over. I'll call you when I feel better.

C.A.: Since you're feeling sick, that's all the more reason you should try to see the doctor today. We've found that colds and flu respond very well to chiropractic care.

Patient: I don't see how chiropractic can help my cold. The doctor's working on my neck and back, not on my nose!

C.A.: I know it can sometimes be hard to understand. Let me explain. Remember when the doctor showed you your x-rays? He/she pointed out places where your nerves were being pinched. Whenever you have nerves being pinched, your body doesn't heal as fast as it should. Adjustments relieve the nerve pressure and your body heals faster—even colds get better quicker when nerves are not pinched. We could schedule you at 3:00 or 5:15 today.

Objection--Busy

Patient: I can't come in at all this week. I've got too much to do. I'll call you when I have time.

C.A.: I know you're busy, but I hate to see you lose all the progress we've made so far. The doctor designed your schedule to give you a maximum amount of correction in a minimum amount of time. Why don't I schedule you for a consultation with the doctor? Maybe he/she can suggest a way for you to meet your busy schedule without losing the progress we've made so far.

Objection--Decrease Frequency

Patient: I've decided that I don't need to come as often as the doctor told me to. I'll be coming in once a week from now on.

C.A.: I understand, but can you tell me why?

Patient: I just don't feel like I need to come that often.



C.A.: Well, I cannot argue with your decision. I know, however, that when Dr. Jones puts you on a schedule of appointments, she has determined from her years of experience that you will respond best if you follow that particular schedule. It would be advisable, though, if you discuss it directly with her. Can I schedule a consultation for you today at 3:15?

Objection--Lack of Belief

Patient: I won't be coming in any more. My parent's don't believe in chiropractic. They don't want me to get adjusted again.

C.A.: Would your parents be willing to talk with the doctor about it? If they could see your x-rays and know what your problems are, they might see how chiropractic can help you.



FIRST VISIT FOLLOW-UP

When patients come into a chiropractic office for the first time, there is usually a certain amount of apprehension experienced. They may have heard rumors/stories about chiropractic which aren't true. Since most patients need reassurance that they have made the right health care decision, the office can allay their fears by following up the patient's first visit with a phone call. This phone call should be made just prior to closing the office.

A typical call might go like this:

"Mrs. West, this is Chris from Dr. Light's office. The Doctor asked me to call and see how you were feeling after your treatment today." (Pause and let the patient talk.)

Patient responses:

1. I feel great. I've haven't felt this good in weeks! Whatever the Doctor did really helped.
2. I don't feel any different. I'm still in a lot of pain. I don't think it helped at all.
3. My headache is gone, but my neck aches. My muscles feel really sore.
4. I feel a lot worse. I hurt so much I don't ever want to come back.
5. My pain is totally gone. The Doctor cured me. I don't need to keep my appointment Friday.

Sample Scripts

-1-

Patient: I feel great. I've haven't felt this good in weeks! Whatever the Doctor did really helped.

C.A.: I'm really glad to hear that. It's wonderful that you were able to feel better so quickly. Let's keep you feeling good. We'll see you on Friday.

-2-

Patient: I don't feel any different. I'm still in a lot of pain. I don't think it helped at all.

C.A.: I'm sorry you didn't feel immediate relief, but it's normal for the symptoms to hang around for a while, especially when you've had the problem for a long time. As the Doctor explained today, it sometimes takes time for the body to heal. Don't be discouraged; the Doctor has worked with many patients with your problems and helped them. It may just take some time. I'll tell the Doctor that you're still hurting. In the meantime, it's very important that you keep



your appointment Friday so the Doctor can check your neck and work with it again. It may take a series of treatments to correct your problem.

-3-

Patient: My headache is gone, but my neck aches. My muscles feel really sore.

C.A.: It's great your headache disappeared so quickly! What you're experiencing with your neck is a normal reaction. The muscles have become very accustomed to holding your vertebrae in the improper position. As the Doctor adjusts you and moves your vertebrae into alignment, the muscles react. I think you'll find it's just a temporary soreness.

-4-

Patient: I feel a lot worse. I hurt so much I don't ever want to come back.

C.A.: I'm really sorry to hear that you're feeling worse. Could you tell me exactly what's happening so I can relay it to the doctor?

Patient: My headache has turned into a migraine, my neck is stiff and I'm feeling nauseous. I can't even move from the chair, the whole world spins.

C.A.: I'm sure the Doctor would like to talk with you about what is happening. Could you hold for a minute while I interrupt him/her? -or-

C.A.: I'm sure the Doctor would like to talk with you about what is happening. He/she is busy with a patient right now. Would it be convenient for him/her to talk as soon as he/she is free?

-5-

Patient: My pain is totally gone. The Doctor cured me. I don't need to keep my appointment Friday.

C.A.: I'm really glad you feel so much better and the Doctor will be thrilled. Before you totally cancel your appointment Friday, why don't you come in and talk with the Doctor about it? Sometimes when the pain goes away, it doesn't mean that the problem has disappeared. Remember when we talked earlier today about the tug-of-war?

Patient: I remember, but I'm feeling great.

C.A.: It's wonderful that you have responded so quickly. The Doctor is not concerned only with your symptoms, though. She wants to make sure that the vertebrae are holding the correct position and that your muscles are not pulling them right out of place again. If that is the case, you'll end up in pain again in a short time. Before releasing you from care, I'm sure the Doctor would like to check your neck again. If you don't need to be treated, there is no charge.



HANDLING DIFFICULT PATIENT RESPONSES—TELEPHONE

Sometimes when calling patients who missed appointments or making reactivation calls to patients who haven't seen the Doctor for months, a C.A. might encounter responses that are difficult to handle. Some of the responses are listed below:

A missed appointment call might go like this:

"Mrs. Beasley, this is Cindy from Dr. Smith. We had you scheduled for a 3:30 appointment today." Pause, let the patient explain.

Missed Appointment:

1. My medical doctor says I shouldn't be coming to see a chiropractor. He says chiropractors are just quacks. He won't continue to treat me if I keep seeing a chiropractor.
2. I don't think I should come in any more. I'm feeling fine. I really can't afford to keep coming for no reason.
3. My finances are so tight. I just can't afford to come in.



Missed Appointment:

-1-

Patient: My medical doctor says I shouldn't be coming to see a chiropractor. He says chiropractors are just quacks. He won't continue to see me if I see a chiropractor.

C.A.: It's a shame your medical doctor is so opinionated. Have you felt that the chiropractic care has helped your problem?

Patient: Yes, but I don't want to anger my doctor.

C.A.: I understand. Why don't you come in to talk with Dr. Light? I'm sure he wants to see you get better without resorting to the surgery you had discussed. I could schedule a consultation with him at no charge to you.

-2-

Patient: I don't think I should come in any more. I'm feeling fine. I really can't afford to keep coming for no reason.

C.A.: It's great that you're feeling good. We want to make sure you stay that way. If finances are a problem, we can make financial arrangements. In addition, our office has a policy of encouraging preventive care by sending you out the door without charging you if the doctor checks your spine and finds it doesn't need to be adjusted.

-3-

Patient: My finances are so tight. I just can't afford to come in.

C.A.: You've been helped by the care, haven't you? I think the important thing is to make sure your care is uninterrupted. We could work out a payment plan that would fit into your budget. Let's reschedule your appointment for this afternoon. I'll sit down with you and work something out.



Reactivation:

1. My husband won't be going anywhere. He died last month.
2. I decided to have back surgery instead. I go into the hospital next week to have it taken care of.
3. The last time I came into your office there were kids crawling all over it. They wouldn't sit still. They kept bumping into me and crawling under my feet. If I wanted to have brats crawling all over me, I would have had my own. I just don't have the patience to put up with them while I'm waiting for the doctor.

For reactivation calls, start the conversation like this:

"Mrs. Smith, this is Sally from Dr. Stevens' office. We haven't seen you in a few months and the Doctor asked me to call and see how your (symptoms) are doing."

Reactivation:

-1-

Patient: My husband won't be going anywhere. He died last month.

C.A.: I'm so sorry to hear that. We weren't aware of his death. Is there anything we can do for you during this difficult time?

-2-

Patient: I decided to have back surgery instead. I go into the hospital next week to have it taken care of.

C.A.: I'm sorry to hear about your decision. Would you like to schedule a consultation with the Doctor for a second opinion before you have the surgery?

-3-

Patient: The last time I came into your office there were kids crawling all over it. They wouldn't sit still. They kept bumping into me and crawling under my feet. If I wanted to have brats crawling all over me, I would have had my own. I just don't have the patience to put up with them while I'm waiting for the doctor.

C.A.: I can appreciate your reluctance to come back in. It sounds like the kids were quite a nuisance. Was this an evening appointment?

Patient: Yes, at 6:30.

C.A.: That may have been the reason. We try to make sure that children do not disturb our patients. However, we sometimes get really busy at night.



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Parents bring their children in for adjustments after school. You must have hit a really busy time.

Patient: I guess so. It sure was a zoo.

C.A.: I apologize for the inconvenience. We'll try to monitor our waiting room more closely to make sure it doesn't happen again. Our morning appointments are usually much quieter. If I could schedule a morning or early afternoon appointment, I'm sure you wouldn't run into that problem.



COLLECTIONS:

Your ATTITUDE is the key to collection. Prevention is a big key to effective collection. Eye contact is a must when collecting. Resourcefulness is very important when you collect fees from any patient.

Attitude:

Always assume the patient expects to pay. Do not be afraid to let your new patient know what is expected of them during that very first contact on the phone. Your voice should reveal that your Doctor is their best choice and that your fees are in line with other doctors in your area. Do not offer any information above and beyond the cost of the initial exam and first adjustment unless patient asks.

Prevention:

Misunderstandings or confusion about your office fees can be eliminated if prevention is used. Using a two-part carbonless form, make clear what is expected from the patient. This should be written and available that first visit for them to sign and date. One copy should remain in patient's folder and one copy should be sent home with patient. This will prevent future misunderstandings of your fees and protect you and the doctor should non-payment become a problem in the future.

Eye-Contact:

The look in your eyes while collecting for the doctor's service should reveal that you genuinely expect that he/she should be paid for the service that was provided. Remain friendly and professional when collecting payment. Your eye contact, the facial expression and the tone of your voice will set the tone for a positive collection experience.

Resourcefulness:

Your ability to answer any question the patient may have about his/her bill or method of payment is very important. The C.A. and the doctor should work together to establish payment plans and their parameters. The C.A. should also have an ongoing card index of insurance companies with information about their policies regarding chiropractic care. No one feels comfortable paying someone for something they don't understand completely.



In a Nutshell:

When a new patient calls asking for information regarding your fees, answer all of their questions. Honesty is the best policy. People do not trust someone with a canned response to their questions. If you don't know the answer, find out and call patient back. Whatever you do, do not mislead the patient. Make sure the patient knows what is expected of them regarding payment on that very first visit. Protect yourself and the patient by having their particular payment expectations on a form that they can sign and take one copy home with them. A sign in your office should reveal your office policies regarding payment at every visit. "Keep your cost and ours as low as possible—pay at each visit. Thank you."

Collection in any situation is not as difficult as some might think. If you truly believe in chiropractic, your doctor and the service that is provided, your attitude will reveal just that. The role of you, the C.A., will determine how effective collection in your office will be.



COLLECTIONS

The attitude of the chiropractic assistant toward collections will determine his/her effectiveness. When a person goes to the movies, he expects to pay to enter. When groceries are selected at the supermarket, the shopper expects to pay for the purchases. Likewise, people expect to pay the doctor for the care they receive. To develop an attitude which is effective in collections, the chiropractic assistant should first assume that patients expect to pay for their care. Also, the C.A. should use words that promote payment. At one office the C.A. routinely asked "Would you like to pay for your visit today?" This question gave the patients the impression that they had a choice—to pay or not to pay. The doctor does not have a choice when it comes time to purchase x-ray film, office supplies or pay the salaries of his/her employees. Assuming that patients expect and intend to pay for services rendered will create a positive approach to collections.



NEW PATIENT

It will be necessary to explain the services and corresponding fees to the new patient. If the patient has insurance coverage, the office may choose to bill the insurance company directly for x-ray charges, examination and even spinal adjustments. In this situation, the patient would still be responsible for an annual deductible, copayment and any charges rejected by the insurance company. In other situations, the office may choose to collect the full charges directly from the patient. Whatever the circumstance, it is important to have a clear understanding with the patient from the very first visit. This avoids confusion and resentment at a later date. A typical conversation might go like this:

C.A.: Mrs. Jones, we will be billing your insurance company for the x-rays we took today. Provided they pay our full charges, you will not have to worry about the x-rays. The fee for today is \$55, \$25 for your initial examination and \$30 for your adjustment. Will that be cash or check?

Patient: I'll be paying by check. Since I have an appointment on Friday, will my charge be \$55 then also?

C.A.: No, your charge Friday will be \$30. This first visit is more since it includes the examination.

Summary:

1. Explain the charges that the patient is responsible for paying.
2. Ask "Will that be cash or check?"



ESTABLISHED PATIENTS

Most established patients will not need to have the charges explained unless additional care was given and there is a different charge. Therefore, the established patient can be handled by asking “Will that be cash or check today?” As soon as the question is asked, the C.A. should begin writing the receipt.

GETTING COMMITMENTS IN DIFFICULT SITUATIONS

There will be patients who will not be able to pay at each visit due to financial circumstances which are unavoidable. There will be other patients who could afford to pay, but would prefer to avoid payment if they can talk their way out of it. It will take perception and discretion on the part of the chiropractic assistant to distinguish the real situations from the phony. A number of different objections and/or excuses are presented below with possible reactions from the chiropractic assistant. Regardless of the circumstance, the chiropractic assistant should make definite arrangements with the patient for payment. These arrangements may involve a different fee, a monthly payment plan, or the barter of labor or other services for chiropractic care. The arrangement for payment should be in writing, with a copy for both parties.

Objection--Forgotten Checkbook

Patient: I changed my pants before coming here and forgot to transfer my checkbook. Can I pay you next time?

C.A.: That'll be fine, Mr. Smith. I'll put a note on your card that you'll be paying on Friday.

Objection--Payday

Patient: I'm a little short of cash right now. Can I pay you when I get paid?

C.A.: That'll be fine, Mrs. Smith. When will you be getting paid again?

Patient: Next Friday.

C.A.: Next Friday is the 14th. I'll put a note on your card that you'll be taking care of your balance then. Or, I have a self-addressed envelope right here. You can slip your payment in the mail after you get your check.



Objection--Unemployment

Patient: My husband is unemployed right now and things are pretty tight. I don't want to quit coming in, but I'm afraid I'll have to. We just can't afford it right now.

C.A.: I'm sure that the doctor wants you to continue care. Can you afford to pay one-half your usual fee? We have an office policy that allows you to charge up to \$50. You can charge one-half now and pay it as soon as your husband goes back to work. Can you handle that?

Objection--No Money

Patient: I just can't pay today. I don't have any money.

C.A.: When can we expect payment?

Patient: I don't know. I never seem to have enough money.

C.A.: Mrs. Jones, we have a problem. You need the care you've been receiving but don't have the money to pay for your care. Our office policy requires that patients pay for their visits each time and the doctor expects me to collect. What can we do to solve this problem? (This approach "we have a problem" shifts responsibility for a solution back to the patient where it belongs. Otherwise, the patient will try to get you to accept responsibility for solving the problem.)



WRITTEN STATEMENTS

When a patient has accumulated an unpaid balance, a statement should be sent each month. Depending on the individual circumstances, one of the following explanations should be provided with the first statement:

1. While reviewing our files, we noted a balance of \$ on your account. Please send payment of your bill promptly.

2. Since we have not received the necessary information to bill your insurance company, you will be charged personally for x-rays taken on (date.) The charges are as follows:

A-P & Lateral Cervical.....\$ XX.XX
A-P & Lateral Lumbar.....\$ XX.XX

3. When the charges for your office visits were submitted to your insurance company, the unpaid portion of your deductible was subtracted from the amount we received from the insurance company. Therefore, you are responsible for payment of the deductible amount. The balance is \$. Please send payment of your bill promptly.

4. We have been notified by your insurance company that payment of a bill submitted from our office was sent directly to you. Therefore, you are responsible for payment of the charges. The balance is \$. Please send payment immediately.

Allow thirty days for payment, except when the patient received the insurance check. After thirty days, a second notice should be sent. To encourage payment a note such as this might be added:

SECOND NOTICE—A partial payment of this past due account will be a welcome expression of your good intentions.

If payment is not received after the second statement, more drastic action may be necessary. The third statement should contain stronger language and be sent "Return Receipt Requested." Once the post office delivers the letter, you



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will receive a green confirmation card with the signature of the person receiving the letter. The third statement might be written like this:

THIRD NOTICE—We cannot understand why you have not paid the above account. Please call or remit today.

Allow fourteen days for payment and call the patient for collection. (see next section) If the patient cannot be reached by phone or if the financial arrangements made over the phone have not been fulfilled, a final statement should be sent:

Because your account is long past due, we would normally turn it over to a collection agency (or small claims court.) We would, however, prefer dealing directly with you. Please read and check one of the three options below and return this statement to our office.

___ 1. I would prefer to settle this account. Please find full payment enclosed.

___ 2. I would prefer to make monthly payments of \$ _____ until this balance is cleared up. The first payment is enclosed. I understand that no interest will be charged for this delayed payment schedule provide the payments are made regularly.

___ 3. I would prefer that you assign this account to an agency (or small claims court) for collection. (Failure to return this past due reminder within 10 days will result in this action.)

Signed:

If you have any questions, please do not hesitate to call me.

Sincerely,

Chiropractic Assistant



TELEPHONE COLLECTIONS

When a third statement has been sent to a delinquent account and the patient has not responded, a collection call should be made. Before placing the call, be prepared with all the facts. You should know:

1. the total amount due
2. the circumstances (insurance payment that was sent to the patient, special payment arrangements, etc.)
3. the dates that the statements were sent.

To warrant a collection call, the amount due should be at least ten dollars. It is advisable to set aside a period of time each week to make collections calls. Organize your records so that all contacts with the patient are recorded on the adjusting card or patient folder. Avoid mistakes such as calling the same patient twice in the same day or having incorrect information available when the patient is contacted. A phone conversation might be handled like this:

C.A.: Mrs. Jones? This is Sally, Dr. Carter's assistant. I'm calling about your account. (Pause. In many cases, the patient will volunteer information concerning the reason for nonpayment. If you get no response, proceed with the conversation.) In checking our records today, I noticed that we haven't received a payment from you since March. Could you arrange to make payment now?

As you discuss the financial arrangements, make sure to get a commitment for a specific amount to be paid by a specific date. Write this information on the patient's adjusting card or folder and send a letter of confirmation to the patient. The letter might be written like this:

Dear Mrs. Jones:

It was nice talking with you today; we haven't seen you in the office for quite a few months. As we arranged over the phone, you will be taking care of your account by making payments of \$30/month starting September 1. Your balance will be cleared when you make the payment of December 1.

Thank you for your cooperation. We hope to see you soon.

Sincerely,

Sally Case, C.A.

When it is necessary to call about a delinquent account, follow these steps:

1. Be prepared. Gather the necessary facts before placing the call.
2. Set aside a time each week to place the calls. Make sure to record the contact on the patient's cards.



3. State the purpose of the call clearly.
4. When financial arrangements have been made, write a confirmation letter.

Handling Difficult Situations

Situation: You have just made a collection call. After stating the purpose of the call, the patient gave the following excuse. How would you handle it?

1. I know we have an overdue balance, but our car just stopped working and we have to get it fixed. We can't afford to pay you now; the car comes first.
2. My husband was just taken to jail because he bounced so many checks. Our checking account has been impounded or whatever. There's money in the checking account, I think, but I can't get to it.
3. Our taxes are due and we owe IRS \$1,500. We don't have the money to pay taxes, much less to pay you. You'll just have to wait.

What you say to get started:

C.A.: This is Sally from Dr. Ferguson's office. I'm calling about your overdue account.

Scripts and Examples

-1-

Patient: I know we have an overdue balance, but our car just stopped working and we have to get it fixed. We can't afford to pay you now; the car comes first.

C.A.: I know it's difficult to make ends meet, especially when you are dependent on your car and it quits. The Doctor would appreciate even a small payment on your account until you get your finances straightened out. Could you afford to send \$25/month for the next three months and then increase it to \$50 until the balance is paid?

Patient: We really can't afford \$25. Maybe I could send \$10 now and the rest when we can.

C.A.: Okay. I'll be expecting your check and be sending a letter to confirm our conversation.

-2-

Patient: My husband was just taken to jail because he bounced so many checks. Our checking account has been impounded or whatever. There's money in the checking account, I think, but I can't get to it.



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C.A.: You've got quite a problem. Our office accepts Mastercard or Visa also. I could take your card numbers over the phone and bill your account.

Patient: They took our credit cards too. I don't have anything but my paycheck each week to live on.

C.A.: The Doctor authorized me to make payment arrangements with you so that we both can avoid going to court. Can you afford \$25/month?

-3-

Patient: Our taxes are due and we owe IRS \$1,500. We don't have the money to pay taxes, much less to pay you. You'll just have to wait.

C.A.: I know this is a bad time of the year. The Doctor asked me to call, though, so we could both avoid having to go to court. He's authorized me to make payment arrangements with you. Could you afford \$25/month?



COLLECTION DISCUSSION

When you have to take a patient aside to discuss a collection problem, it can be an embarrassing situation for everyone. There is a technique that will help break the ice and structure the conversation.

To begin, take the patient into an empty room. Start the discussion with “We have a problem. By phrasing it as “we”, the patient is not instantly put on the defensive. It implies that it is a joint problem.

Then, explain the problem. *“You have a balance on your account of \$158. Since you’re coming in twice a week right now and only paying for one visit each week, your balance keeps climbing. What can we do about the problem?”*

As you discuss alternatives with the patient, come to a mutual decision. Put the agreement into writing, giving a copy to the patient and keeping a copy for the office. In this situation, the patient could not afford more than \$20/week. To make sure she continued to get the needed care, the office agreed to allow her to “run a tab” during the intensive care phase. Once she was seeing the doctor less frequently, she would continue to pay \$20/week even if she was not treated that week. The extra payments would go toward her balance.

Payment Agreement

I, (Patient’s Name), agree to pay (Clinic Name) \$20/week even when I have not received a treatment that week. These payments will be used to decrease the balance which I have accumulated during the previous weeks.

Patient’s Signature

Date



Summary:

1. Start the discussion with “We have a problem.”
2. Explain the balance due.
3. Come to an agreement with the patient.
4. Write out a payment arrangement agreement, one copy to the office and one copy to the patient.



SMALL CLAIMS COURT

Small claims court handles cases which do not exceed a dollar amount (usually around \$1500.) To file a claim, contact the county court system to get the paperwork. Fill out the form, attach documentation and ask for a court date. The patient will be subpoenaed to court. In the judgment, ask that the court costs be included. In other words, the patient has to pay the balance due your office plus filing and subpoena fees.

Documentation should include:

1. Appropriate court forms
2. Signed case history indicating patient's responsibility for payment
3. Signed assignment form (for insurance cases where patient received check and did not reimburse office)
4. Patient ledger card
5. Copies of statements sent to patient

Terminology:

Plaintiff—the person doing the suing; in this case, your office.

Defendant—the person being sued; in this case, the patient.

Judgment—decision of the court.

Garnishment—if the patient doesn't pay the amount as agreed, the plaintiff can file papers to have the defendant's wages garnished. These papers are filed with the court and sent to the patient's employer. The employer uses a formula to determine the amount of garnishment allowed per pay period (usually around 25% of take-home pay.) This amount is sent from the employer to the court who then forwards it to the plaintiff. It may be necessary to garnish the wages (filing new forms) many times to get the entire judgment through garnishment.



SMALL CLAIMS COURT

Situation: The patient was receiving care for a period of three months. During that time period, the clinic accepted assignment on the insurance claims. However, two insurance checks totaling \$367.00 were sent to the patient and the monies were not forwarded to the clinic. In addition, there was a \$100.00 deductible and \$135.00 of copayments which the patient had not paid. Total due: \$502.00

Judge: Is there evidence proving that the defendant owes the \$502.00 claim and should be held responsible?

Plaintiff: Yes, your Honor. We have a signed case history which states that the patient will be liable for the charges incurred at Forrest Clinic. In addition, we have provided an assignment policy signed by the patient which states that monies received from the insurance company will be used to pay this claim. The patient received two insurance checks which were never turned over to the clinic. In addition, he has a \$100 deductible and \$135 of copayments which were not paid. We have enclosed copies of the numerous statements sent to the patient in an attempt to collect these charges.

Judge: I see copies of the case history and statements in my file. You mentioned something about an assignment policy. Do I have a copy of that? What does it prove?

Plaintiff: We provided a copy to the court—it says Assignment Policy on the top.

Judge: I found it. Why did you include it?

Plaintiff: Your Honor, please notice #4—the statement that if the patient receives an insurance check during the time which the clinic has accepted assignment of benefits, it will be brought into the clinic within one week of receipt. Mr. Jones received two such checks, reimbursement for services that he did not pay for. He never brought them into the office.

Judge: Mr. Jones, what do you have to say about this claim?

Defendant: Yeah, I received the checks. But I didn't bring them in because I wasn't getting better. So I kept them. I didn't think the Doctor should be paid since I didn't get better.

Judge: I see. But you did receive the checks and cashed them?

Defendant: I did. I didn't feel like the Doctor deserved them.

Judge (to plaintiff): Mrs. King, were you informed of the patient's displeasure with your services?

Plaintiff: No, your Honor. In fact, he continued treatments for six weeks after he had received the first check. I have copies of his treatment card indicating his



statements about his progress. I didn't feel it was necessary to present them. I could make them available to the court if Mr. Jones agrees.

Judge: That won't be necessary since they do not have a direct bearing on the case. Mr. Jones, did you receive the services that Forrest Clinic has indicated were provided?

Defendant: Yes, your Honor, but . . .

Judge: (interrupting) And did you pay the Forrest Clinic for these services?

Defendant: No.

Judge: Do you have any dispute about the amount that the clinic claims you owe?

Defendant: No, your Honor.

Judge: Based on the facts presented, I find in favor of the Forrest Clinic in the amount of \$502.00 plus court costs.



CHIROPRACTIC TERMINOLOGY

Vertebra—one of the 33 bones forming the spinal or vertebral column

Disk—the mass of fibrocartilage between adjacent surfaces of most vertebrae

Nerve—a cordlike structure, visible to the naked eye, comprising a collection of nerve fibers which convey impulses between a part of the central nervous system and some other region of the body

Cervical—first seven vertebrae (neck)

Dorsal/Thoracic—twelve vertebrae of the mid-back which attach to ribs

Lumbar—five vertebrae of the low back

Sacrum—a curved triangular bone composed of five united (or fused) vertebrae situated below the fifth lumbar

Coccyx—the last bone of the vertebral column, formed by the union of four vertebrae. Commonly called the tailbone

Atlas—first cervical vertebra

Axis—second cervical vertebra

Subluxation—misalignment of a vertebra or vertebrae putting pressure on nerve supply

Sprain—joint injury in which the ligaments are stretched or lacerated

Strain—overstretching or overexertion of muscles

Degeneration—deterioration which causes some degree of loss of original function

Inflammation—morbid tissue reaction producing symptoms of swelling, heat, redness or disordered function; a localized protective response elicited by injury or destruction of tissues, which serves to destroy, dilute, or wall off both the injurious agent and the injured tissue.



Anomaly—marked deviation from the normal standard, especially as a result of congenital or hereditary defects

Aberration—deviation from the usual course or condition

Congenital—existing at, and usually before, birth

Vertigo—an illusion of movement; a sensation as if the external world were revolving around the patient

Lateral—side

Anterior—front

Posterior—back or behind

Flexion—the act of bending

Extension—a straightening out or moving of parts away from each other

Oblique—slanted; x-rays taken at 45 degree angle

ROOT WORDS—ANATOMY

Fascia—thin layer of tissue covering the muscles or organs of the body

Bursa—a small sac filled with fluid interposed between parts that move upon one another

Radicle—rootlike beginning of the nerve

Synovia—the clear fluid that is usually present in joint cavities

My(o)—muscle

Neur(o)—nerve

Spondyl(o)—vertebra

Oste(o)—bone

Myel(o)—spinal cord

Spin(o)—spine



Chondr(o)—cartilage

Arthr(o)—joint

Crani(o)—skull

Pelv(o) or pelvi—pelvis

Scapul(o)—scapula (shoulder blade)

Clavic(o)—clavicle (collarbone)

Stern(o)—sternum (breast bone)

Acromi(o)—acromion (outer extremity of the shoulder blade)

Humer(o)—humerus (bone in upper arm)

Uln(o)—ulna (bone of the little finger side of the forearm)

Radi(o)—radius (bone of the thumb side of the forearm)

Carp(o)—carpal (wrist bones)

Phalang(o)—phalanges (miniature bones of the fingers)

Ili(o)—ilium (the upper part of the hip bone)

Ischi(o)—ischium (the lowermost part of the hip bone)

Femor(o)—femur (long bone in the thigh)

Pattel(o)—patella (kneecap)

Tibi(o)—tibia (shin)

Fibul(o)—fibula (bone in back of lower leg)

Tars(o)—tarsal (bones of foot)



ROOT WORDS—CONDITION

Ankyl—adhesion, growing together of parts

Torti—to twist or tilt

Scoli(o)—crooked

Kypho—hunchbacked

INSTRUMENTATION

Electr(o)—electricity

Therm(o)—heat

Phon(o)—sound

Graph—instrument for recording

Meter—instrument for measuring

SUFFIX

Itis—inflammation

Osis—abnormal condition or process

Algia—painful

Ology—study of

Path(y)—disease

Esthesia—sensation or feeling



PREFIX

Inter—between

Intra—within

Neo—new

Retro—back or behind

Bi—two

Uni—one

Hyper—excessive or more than normal

Hypo—under or less than normal

Infra—below or under

Para—beside

Post—after, behind

Pre—before, in front of



TEST #1—Terminology

Multiple guess: Choose the answer that best completes the question.
Place the letter of your choice in the left margin.

1. **Algia** is a suffix meaning a. inflammation b. condition or process c. vertebra d. painful
2. **Atlas** is another name for a. a muscle b. the first cervical vertebra c. the occiput d. the second cervical vertebra
3. **Hypo** is a prefix meaning a. nerve b. beside c. beneath, under or deficient d. above, beyond or excessive
4. The **coccyx** is a. the tailbone b. back of the head c. front d. axis
5. **Spondylo** means a. nerve b. vertebra c. painful d. posterior
6. **Itis** is a suffix meaning a. bone b. condition or process c. inflammation d. front
7. A **strain** is an overstretching of a. joint b. ligament c. bone d. muscle
8. **Myo** means a. muscle b. nerve c. ligament d. bone
9. **Humero** is a root word referring to a. the wrist b. the shoulder blade c. the scapula d. the bone in the upper arm
10. **Ankyl** means a. loss of mobility due to parts growing together b. the part of the body just above the foot c. a suffix meaning pain d. a burning sensation in the feet

For the next five questions, you have to break down the words to determine the meaning.

11. **Radiculitis** is a. pain in a muscle or muscles b. inflammation of the spinal nerve root c. a joint injury affecting the supporting ligament d. loss of feeling or sensation
12. An abnormally decreased sensitivity of the skin is called a. anesthesia b. paresthesia c. hypoesthesia d. hyperesthesia



13. A person with **sciatic** pain will normally experience a. burning in the arms
b. numbness of the face c. numbness and swelling of the fingers d. pain or
burning sensation in the buttocks or legs
14. A **hyperflexion-hyperextension** injury will often cause an acute cervical
sprain. What part of the body is injured in this case? a. muscles of the mid back
b. vertebra of the low back c. muscles of the neck d. ligaments of the neck
15. **Myofascitis** is a. pain in the muscles b. inflammation of the thin layer of
tissue covering the muscle c. loss of sensation in the muscles d. inflammation
of a vertebra

TEST #2—Terminology

The first five terms are broken into parts for you. Using your memory and
the manual if necessary, write the definition of the word.

1. Thoracic radic/algia
2. Lumbar arthr/itis
3. Spondyl/osis
4. My/algia
5. Cervical myelo/pathy

For the next five questions a definition is given. Using your knowledge of
root words, suffixes, and prefixes, determine the word that is indicated by the
definition.

6. Inflammation of the small sac of fluid in between moving parts



7. Overstretching of the muscles of the low back
8. An abnormal condition affecting a vertebra or vertebrae
9. A misalignment of the first cervical vertebra putting pressure on the nerve
10. The study of nerves and their functions

TEST #3

DIRECTIONS: In your own words, explain the symptoms indicated by the diagnosis. Also explain the parts of the body (muscles, nerves, vertebra) and the parts of the spine affected.

1. Lumbar radicalgia with left scoliosis and increased lordotic curve.

2. Subluxation of C1 and C2 as a result of a hyperflexion-hyperextension cervical sprain and strain.



3. Thoracic radicalgia with degenerative joint disease complicated by myofascitis.

4. Acute cervical torticollis with rotation subluxation of C1-C2.



DIAGNOSTIC TERMINOLOGY APPENDIX

Aberration—deviation from the usual course or condition

Anesthesia—loss of feeling or sensation

Ankylosis—immobility and consolidation of a joint due to disease, injury or surgical procedure

Anomaly—marked deviation from the normal standard, especially as a result of congenital or hereditary defects

Brachialgia—pain in the arm or arms

Cervicalgia—pain in the neck

Cervicobrachialgia—pain in the neck radiating to the arm due to compression of nerve roots of the cervical spinal cord

Congenital Curvature—deviation of the spine from its normal position or direction occurring before or at birth

Degenerative Disk (Joint) Disease—deterioration of the disks or cushions between the vertebra(e)

Hyperesthesia—abnormally increased sensitivity of the skin

Hypermobility syndrome—a condition where is joint is much more mobile or movable than normal

Hypoesthesia—abnormally decreased sensitivity of the skin

Kyphosis—abnormally increased convexity of the curvature of the thoracic spine as viewed from the side; hunchbacked

Kyphoscoliosis—backward and lateral curvature of the spinal column

Lordosis—this term is used to refer to abnormally increased curvature of the lumbar spine; hollow back, swayback, saddle back

Lumbago, lumbalgia—pain in the lumbar region

Myalgia—pain in a muscle or muscles



Myasthenia—weakness; any constitutional anomaly of muscle

Myelitis—inflammation of the spinal cord

Myelopathy—general term denoting functional disturbances and/or pathological changes in the spinal cord

Myitis—inflammation of a muscle; myositis

Myofascitis—inflammation of a muscle and its fascia, particularly of the fascial insertion of muscle to bone

Myofibrosis—replacement of muscle tissue by fibrous tissue

Neuralgia—pain which extends along the course of one or more nerves

Neuritis—inflammation of a nerve, a condition attended by pain and tenderness over the nerves, anesthesia and paresthesias, paralysis, wasting, and disappearance of the reflexes

Paresthesia—morbid or perverted sensation; an abnormal sensation such as burning or prickling

Radiculalgia—pain due to disease of the spinal nerve roots

Radiculitis—inflammation of the root of a spinal nerve, especially of that portion of the root which lies between the spinal cord and the intervertebral canal

Sciatica—a syndrome characterized by pain radiating from the back into the buttock and into the leg

Scoliosis—an appreciable lateral deviation in the normally straight vertical line of the spine

Spasm—a sudden, violent, involuntary contraction of a muscle or group of muscles

Spina bifida—a developmental anomaly characterized by defective closure of the bony encasement of the spinal cord

Spinalgia—pain or tenderness in the spinal region

Spondylitis—inflammation of the vertebrae



Spondylolisthesis—forward displacement of one vertebra over another, usually of the fifth lumbar over the body of the sacrum

Spondylolysis—dissolution of a vertebra

Spondylosis—ankylosis of a vertebral joint; a general term for degenerative changes due to osteoarthritis

Cervical spondylosis—degenerative joint disease affecting cervical vertebrae, intervertebral disks and surrounding ligaments and connective tissue, sometimes with pain or paresthesia radiating down the arms as a result of pressure on the nerve roots

Lumbar spondylosis—degenerative joint disease affecting the lumbar vertebrae and intervertebral disks, causing pain and stiffness, sometimes with sciatic radiation due to nerve root pressure by associated protruding disks or osteophytes

Subluxation—misalignment of a vertebra or vertebrae putting pressure on the nerves

Torticollis—a contracted state of the cervical muscles, producing twisting of the neck and an unnatural position of the head; wryneck

Whiplash injury—a nonspecific term applied to injury to the spine and spinal cord at the junction of the fourth and fifth cervical vertebrae, occurring as a result of rapid acceleration and deceleration of the body. Because of their greater mobility, the upper vertebra act as a lash, and the lower three as the handle of the whip.



HANDLING DIFFICULT SITUATIONS

Irate Patient

You are a patient. You have been seeing the doctor since last October, and have been assured by the doctor's staff that everything has been taken care of with your insurance. Now, you have received a statement from the insurance company which states that you owe the doctor \$100.00.

Walk into the office angry! Start complaining loudly about the bill you just received.

C.A.:

You are the C.A. An irate patient has just stormed into your office demanding to see you about her bill received from the insurance company showing a balance of \$100.00 owed to the doctor. You check the patient's folder to determine the problem. In the back of this patient's folder you have found a little piece of paper which reads: patient must pay deductible of \$100.00, 10/10/97. Obviously, this problem was never brought to the patient's attention.

1. Get the patient out of the waiting room!
2. Listen to the patient's complaint.
3. Start with "We have a problem. It seems we forgot to tell you about your deductible. I just found a slip of paper in your folder about it. I apologize...."

Prevention:

1. Have triple signature form.
2. Have assignment policy form with patient discussion.

Walk-in Patient

You are the patient. You have been seeing the doctor for years and because of that, you feel you don't need to make an appointment. After all, your office is just across the street, so you can just run over anytime and the doctor will see you (or so you like to think.)

Walk up to the desk to sign in.

C.A.: You have a patient who has been friends with the doctor for years and somehow believes that she can walk into the office at anytime and be seen by the doctor. This patient is not the type that can appreciate an appointment as she works just across the street. This morning the office is full, the parking lot is packed and in walks none other than the above mentioned patient. She comes to the front desk to sign in.



“Good morning _____, I don’t see you on the appointment book. Do we have you scheduled this morning?”

Options:

1. Call patient when it is slower.
2. Schedule an actual appointment for later.
3. Work patient in, making other people wait.

Prevention:

1. Have a posted walk-in policy.

POLICIES

1. Payment:

Payment is expected at the time of service unless other arrangements have been made in advance.

- or -

It is customary to pay for services when rendered unless other arrangements have been made in advance.

2. Charge limit:

While patients are waiting for insurance reimbursement, this office will allow patients to charge a maximum of \$50. When a patient’s balance exceeds this limit, payments must be made to bring the balance below \$50.

- or -

The maximum charge limit for this office is \$50. Patients must keep the balance on their accounts below this level at all times.

3. Walk-in:

Our office would be happy to serve you on a walk-in basis. However, patients without appointments will have to wait until all patients with scheduled appointments have been served. During our busiest times, this may entail a considerable wait.

- or -

It is our office policy to serve all patients with scheduled appointments first. Walk-in patients will be worked in after all scheduled appointments have been served.



GOALS

By putting our goals in writing, we are setting up expectations for ourselves and the Universe. Putting them in writing solidifies them, makes them much more likely to happen.

Goals for myself:

- 1.
- 2.
- 3.
- 4.



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