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ChiroFutures
Risk Purchasing Group
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Concussion: A Pituitary Dimmer Switch
~Dr. Charles Masarsky, DC, F.I.C.A.~

The following scenario exists only in my imagination. While these specific patients are unlikely to appear in any of our offices, their clinical presentations are plausible. I invite you to assess the implications of the following thought experiment.

A Thought Experiment

Jesse James and his brother Frank are partners in various illegal business ventures. Both came under your care for back and neck pain a few weeks ago. (They pay cash! No insurance paperwork!) Both suffered concussions during a violent episode (the details of which have not been revealed to you for some reason) approximately 7 months ago. They both recovered from all symptoms in a week or two without intervention. During their most recent visits, in addition to neck and back pain, they have both been complaining of fatigue.

They both go to the same primary care physician, who offered no specific diagnosis for the fatigue, but suggested that they undertake a less stressful and tiring method of making a living.

You ask Jesse if he has noticed a reduced sex drive recently. After calling you a number of unflattering names, he angrily denies this symptom, and asks you if you have any other stupid questions. You reply, "Yes, have you noticed any changes in your appetite and food choices?" Jesse calms down and considers this thoughtfully. As a matter of fact, he replies, he can't seem to get enough salt on his food these days.

Frank answers no to both of the questions you asked Jesse. You go on to ask whether or not he has been feeling unusually hot or cold lately. He replies as a matter of fact, he seems to want a sweater or a jacket when everyone else in his gang (oops, he meant company, not gang), seems to be comfortable.

What's Going On Here?

Post-concussion chronicity has many manifestations. Emerging research indicates that depressed pituitary function can emerge months or years after a concussion. In effect, concussion can function as a pituitary dimmer switch. Because the pituitary influences many other endocrine glands, the clinical picture of hypopituitarism can include symptoms related to low levels of human growth hormone, antidiuretic hormone, thyroid hormones, adrenal hormones, the estrogens or the androgens.1-5

If Jesse James had answered yes to the libido question, it would have suggested low androgen levels secondary to reduced pituitary secretion of luteinizing hormone (LH). His report of salt craving suggests low levels of aldosterone due to hypoadrenia. The sensitivity to cold suffered by his brother Frank suggests hypothyroidism.

Can Chiropractic Help?

I have not found any published reports on chiropractic amelioration of post-concussive hypopituitarism. This is not surprising, as awareness of the concussion-pituitary connection has only recently emerged within the bioclinical community. However, there are several factors that make a positive chiropractic contribution plausible. To take a few examples:

1. The sympathetic innervation to the cranial vasculature, including the blood supply to the pituitary, originates with the first five thoracic spinal nerves, with postsynaptic axons emerging from the superior cervical sympathetic ganglion. Therefore, correction of upper cervical through upper thoracic subluxations may be helpful.

2. The narrow stalk of hypothalamic tissue that connects the brain to the pituitary (the hypothalamic infundibulum) must pass through a covering of dura mater to reach the gland. (This dural covering is called the sellar diaphragm.) Cranial, upper cervical, sacral and coccygeal adjustments may normalize dural mechanics, thereby reducing mechanical stress on the pituitary.
3. Researchers have noted elevated levels of anti-pituitary and anti-hypothalamic antibodies in patients with post-concussive hypopituitarism. This suggests an autoimmune aspect to this disorder. Case reports of chiropractic amelioration of disorders with robust autoimmune components such as myasthenia gravis, psoriasis and multiple sclerosis join a small but growing body of evidence consistent with immunological normalization under chiropractic care.6-11

In addition to the chiropractic adjustment, good care for Frank and Jesse James should take into consideration possible co-management with a medical endocrinologist, patient education on the effect of certain prescription and non-prescription drugs, and nutritional considerations. These are among the topics considered in my seminar, “The Concussion-Subluxation Complex”.

** We would like to note the kind permissions of Editor Peter Crownfield of Dynamic Chiropractic**

**References**


Thirty years ago personal injury cases were far simpler than they are today. After three to six months of care you could copy the file, print out a bill and fit them into a business envelope. Sometimes it would even need a second stamp. Typically, two months later a letter from the attorney with a check for the full amount would arrive.

With the advent of Colossus and its eighty different derivative programs, it is more likely that the attorney will call and ask for a 50% reduction. So why can I do the same work, show the same results, and have that devalued by half.

I have heard doctors refer to PI attorneys as nothing more than a high priced billing agency. While I understand that sentiment it is far from the truth. Like any other chain it is only as strong as the weakest link and more times than not, that weak link is the doctor.

I have taken the time to study with just about everyone who teaches about personal injury. In the process I found that they all had valuable information to offer but I also found that they all had just a piece of the puzzle. Clearly we needed more.

The American Academy of motor vehicle injuries (http://AAMVI.org) was born out of necessity with the purpose of educating doctors and lawyers on how to diagnose, document, and manage a personal injury case. When I first approached a chiropractic college about the possibility of a certificate program in motor vehicle injuries I was told to get my diplomate in orthopedics. My response was that I did not care to study every type of arthritis, what I wanted to know was motor vehicle injuries.

Efforts with a second chiropractic college were met with a better reception but ultimately led to another dead-end. On the upside, in the process, I had done all the ground work. A curriculum had been created and a syllabus written for each of ten, fifteen hour classes. With a strong base of chiropractors and attorneys here in Arizona there was no need to wait for a chiropractic college to make it all happen.

It is happening right here, right now!

Half of the ten seminars are devoted to examination and diagnosis on the simple premise that if you do not know how to find the problem you will never find it. If you don’t find and document the injury then the attorney will not be able to demand compensation and worse yet, a failure to diagnose means that the patient is not being properly treated.

With this in mind it is clear that this failure to diagnose or miss-diagnosing has a great deal to do with why so many studies show long-term symptomology from injuries sustained in a motor vehicle collision.

The old CMS 1500 form that had spaces for four diagnosis codes had the effect of boxing in the treating doctor to cervical sprain/strain injury, thoracic sprain/strain injury, lumbar sprain/strain injury, and most likely shoulder sprain/strain injury. Those four spaces limited most of us to generalized diagnosis codes that the insurance carrier could easily minimize.
The Croft Guidelines provide us with five grades of cervical acceleration deceleration injuries. These range from no limitation of motion and no positive findings on examination up to surgical intervention. Rather than calculate the grade of injury Colossus reads sprain/strain codes as minimal and the carrier feels justified in cutting off payment at two months.

To complicate matters a patient who goes to a family doctor or the emergency room will most likely come out with a diagnosis of cervical strain. This indicates only muscular involvement that should be expected to make a full recovery as opposed to ligamentous injury that will create an inherent weakness and/or permanent impairment.

Knowing how to make the proper diagnosis is dependent on being able to document such a determination. In reviewing IME reports it is common to find a denial based on a lack of objective findings to justify treatment. Furthermore it is not uncommon to see an IME doctor’s report that states there are no objective findings to even justify the tests that were performed.

Failure to document the findings that would support a diagnosis creates a gap in records large enough for the insurance company to drive a truck through it.

It is so easy to assume that a patient who has been in a collision will have a certain set of injuries and symptoms. Doctors in our program know the importance of proper testing to document those findings. Our doctors have also learned how to diagnose and document a wide assortment of problems that are usually overlooked. Remember, if you don’t know what to look for you will be hard pressed to find it. If you don’t have the tests to validate your diagnoses then those diagnoses are at best, weak. Most importantly if you do not diagnose, then the patient will not get the treatment needed for the problems you did not find.

Scottsdale chiropractor Dr. Bill Gallagher created the American Academy of Motor Vehicle Injuries, http://AAMVI.org to teach doctors and lawyers how to diagnose, document, and manage a personal injury case. The ten class certificate program is ongoing and can be started at any point in the sequence. Dr. Gallagher can be reached at drbillgallagher@yahoo.com or 480-664-6644.
Finding it more and more difficult to fill your waiting room? You are not alone. Limited benefits, high deductibles and copays, combined with faulty financial policies that don’t make sense for today’s patients can all affect your waiting room, your practice, your bottom line and your attitude... not to mention exposure to complaints, fines and penalties.

It doesn’t have to be that way. Ever wonder why Orthodontists seem to have an endless flow of new patients and everybody “finds the money” to pay even when insurance isn’t available? It’s simple, they show the need for care, they have a plan of care, and they keep the care affordable during the course of care by offering SIMPLE financial options.

You can too as part of ChiroHealthUSA. Patients need and want care or they wouldn’t stop by your office. Make sure that you provide a thorough consult, exam and report of findings to establish the need and benefit of care. Then offer simple, compliant financial arrangements using ChiroHealthUSA for their non-covered services. Get paid well if insurance is available, and keep care affordable when insurance runs out.

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Contact us, or visit ChiroHealthUSA.com/FROF for a simple, one page financial policy that can lay the groundwork for not only growing your practice, but protecting it from complaints about dual fee schedules, improper time of service discounts or inducement violations.
Give Them an Inch, Discrimination at its’ Highest
~ Dr. Jamie Bogash, DC ~ Insurance Committee Chair ~ LifeCare Chiropractic ~

Anyone who knows anything about chiropractic practice and state law here in AZ is aware of Arizona Revised Statutes 20-451, subsection B. I’ve highlighted the particular section that this article is referring to:

B. Nothing in subsection A, paragraph 17 of this section shall be construed to prohibit the application of deductibles, coinsurance, preferred provider organization requirements, cost containment measures or quality assurance measuers if they are equally applied to all types of physicians referred to in this section, and if any limitation or condition placed upon paymet or upon services, diagnosis or treatment by any physician covered by this section is equally applied to all physicians referred to in subsection A, paragraph 16 of this section, without discrimination to the usual and customary procedures of any type of physician. A determination under this section of discrimination to the usual and customary procedures of any type of physician shall not be based on whether an insurer applies medical necessity review to a particular type of service or treatment.

So. The last time the AAC met with the AZ DOI, we again tried to explain to them how the handling of chiropractic claims by certain TPA companies (hereafter referred o as the “middlemen”) where about as discrimina-
tory as you can get. While they did not see things in AZ as discriminatory, I think that our association for the first time in over a decade, saw where the AZ DOI was getting a screwed up interpretation of the law.

At that time, I tried to explain to the DOI that we are managed for every darn thing we do merely because of the letters after our names. Even more disturbing is that being out of network, the typical approach to thumbing your nose at insurance companies, doesn’t sever the relationship between you and the middlemen.

I recently had an experience that clearly demonstrates just how screwed up and discriminatory the practices of the middleman companies are.

I am out of network with a particular insurance company. I am MUA certified and perform MUAs when clinically indicated and when the procedure will be covered by insurance. The CPT code for MUA is a SURGI-

CAL code, and does not in any way reflect as a “chiropractic” code.

In billing for the MUAs I have done this year, several were through the insurance companies that were man-
aged by a particular middleman. In one scenario, the insurance company requested the treatment notes for one of the procedures and the notes had to be shuttled through the middleman.

The middleman, despite not being asked, actually took the notes and created a denial for the procedure on the middleman’s form. Yes - I didn’t ask them to stick their noses in this claim, but they felt compelled enough to create their own denial.

**Continued on Page 10**
Give Them an Inch, Discrimination at its’ Highest
~ Dr. Jamie Bogash, DC ~ Insurance Committee Chair ~ LifeCare Chiropractic ~

The middleman, despite not being asked, actually took the notes and created a denial for the procedure on the middleman’s form. Yes - I didn’t ask them to stick their noses in this claim, but they felt compelled enough to create their own denial.

I of course followed up with a phone call, and here are the bothersome pertinent points:

- The middleman company has not internal guidelines for MUA
- The clinician who reviewed and denied the procedure is not MUA certified
- The clinician is not aware of diagnostic criteria for frozen shoulder
- The clinician was unaware of the insurance company’s guidelines for medical necessity for the MUA

Holy cow! This particular middleman company feels the need to stick their nose into a surgical procedure that they have no guidelines for, no training, no knowledge and no understanding of what the insurance company requires.

If I manage to perform and bill for open heart surgery, I’m pretty darn sure this same middleman would feel that they ad the right to manage this claim as well, merely because of the two letters after my name.

This is discrimination at its highest level.

James Bogash, DC
Chiropractic Physician
Mesa, AZ 85210
480-839-2273
LifeCare Chiropractic website Dr. Bogash's Rantings (blog)
Every year in the month of February I get the same call from my good friend Bill (I’m withholding his last name to protect his honor!) He rants and raves about the terrible legislation that is being introduced in the Arizona Legislature and how dumb it makes us look. But that’s not all. He also complains about how partisan everything is contending that the Republicans and Democrats never agree on anything preventing us from solving the state’s problems.

And every year I tell him that he’s wrong. Every year I tell him that only a few bills are introduced every year that are of the extreme. And every year I tell him that most legislation that passes happens with significant bi-partisan majorities.

At the end of each legislative session going back a few years my staff has researched the actual floor votes of each legislative body in an attempt to validate the thesis that most legislation that passes happens with significant bi-partisan majorities. And every year in fact we do validate that thesis.

During the past two years almost the same statistics emerge. Of all recorded floor votes (excluding procedural motions which are typically partisan just by their very nature) we found that almost half (47% plus) pass unanimously. Unanimously. In other words almost half of all recorded floor votes in both Houses of our legislature have no opposition.

Further we found that of all recorded floor votes more than 70% pass with more than a three-quarters vote and more than 75% pass with more than a two-thirds vote.

Think about that. The numbers themselves imply bi-partisanship.

Granted there are many bills that never even get a hearing in committee. And it is true that some bills do cast a wide partisan divide. But the point is that common knowledge of our citizens is that everything is a desperate partisan struggle. And that viewpoint is not, for the most part, the case.

Why? Because most bills that ultimately pass are the product of a particular interest that has a policy problem for which resolution through a change in the law can be the quickest and simplest resolution of that problem. That is not to say that such legislation just breezes through. The fact is that most bills pass as the result of a significant amount of inter-interest group negotiations and compromise.

In my career as a lobbyist I have gotten legislation passed and signed into law twice in the same session. I have gotten bills passed unanimously and I have seen things ease through by just a vote or two. And yes I have succeeded by getting bills defeated. Killing a bad bill is sometimes much more important than getting one passed.

I tell this story a lot, to many different groups. The reason is, that it is important that our AAC members don’t get cynical about the process. It is critical that they feel that we can accomplish a lot in the legislative process and that the perceived gridlock is a small aspect of government.
Senator David Farnsworth
~ Legislator of the Year ~

Dr. Gary Auerbach
~ Special Achievement Award ~

Senator Nancy Barto
~ Legislator of the Year ~
## Events for August 2016

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To get more information about these or our future events, please visit our website www.azchiropractic.org.

Want your Event listed here? Please contact us at aac@azchiropractic.org.
# Events for September 2016

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- **25**: Patient Management of the Older Patient with Techniques & 2 hours of Record Keeping
- **28**: Philosophy Committee Meeting
- **29**: Chiropractic Record Keeping ~ AZCE16090
The late great comedian George Burns used to say, “How come all the people who know how to run the country are cutting hair and driving cabs?”

These professions tend to be filled with those that are great chatterboxes. I think you could add Chiropractor to that list of professions. Chiropractors also tend to be great leaders and communicators with their patients, but their Leadership skills are self-limited to the four walls of their office, or at least a five-mile radius of their practice.

This past year, Dr. James Bogash spent countless hours to provide rebuttal letters and phone support for Arizona Chiropractors that were facing recoupment letters from Banner Del Webb insurance. This act saved Chiropractors in the state of Arizona literally hundreds of thousands of dollars! Dr. Bogash did this all, asking for no recognition or payment. I would be happy to argue that this was the greatest display in “leadership skill” our Association has ever seen.

So the point that I am trying to make is that maybe leadership is not what we think it is.

Let me explain. Your teen-age daughter is going through a hard time with her friends on social media. Although, it does not rise to the level of bullying, there is definitely a conflict that is causing a lot of tears in your home. So, you call a friend of yours that happens to be a child therapist that gives you expert advice with a brilliant assessment and a dazzling number of options; all supported by peer reviewed literature.

This is great. Then you think to yourself, “I wish my therapist friend could raise my child for me.” I think you see where I am going with this, the reality is that the therapist probably has just as much angst with his daughter as you have with yours. In fact, because of their credentials their situation could even be worse!

The idea of letting others raise our children is nothing new. Communist countries have tried this repeatedly over the years. Children being sent to mandatory boarding schools to be raised by professionals and experts; not the parents that love and care for them. You don’t need to be a parent to see what is missing in this formula. I would like to suggest an idea I must attribute to Rabbi Steven Baars in his article Job Opening: Leader:

When it comes to leadership, there is no such thing as an expert.

It’s not your degree, pedigree or letters behind your name that qualifies you to be a leader- It’s your ability to care about what you are fighting for. You are the only one that can raise your children. You are the only one that can fight for their healthy maturation. Why – because no one cares as much as you do!
The ramifications of the actions of people like Dr. Bogash are massive. In the past six months, our association has seen a level of engagement that we have not seen in years. While monthly dues are important and sincerely thank you for that, I would like to acknowledge several doctors that have stepped up their leadership because they care about chiropractic.

- Dr. Gary Auerbach - for his work in support of chiropractic communities in “Federal Qualified Health Centers”
- Dr. Steven Brown— for his work with rebutting a second round of recoupment’s by Banner Del Webb
- Dr. Thomas Tuzzilino, Dr. Ryan Owens and Dr. Zach Wells - for their work on establishing the philosophy committee.
- Dr. Trever Penny and Dr. Brian Gallagher - for their work on establishing the Personal Injury Committee
- Dr. Craig Brue - for his critical work in contacting Noridian Medicare and gathering information on the increased audits on Chiropractors by CMS-Medicare

While it’s true, your barber and your Uber driver may, indeed know how to run the country and maybe even how to help your child navigate their friend’s “indirect twitter rant.” However, both your country and your child will do better with your leadership.

Why - Because, only you care enough to stop talking about the problems and take action.

Thank you for all that you do in representing our great profession and I hope to meet you soon at an upcoming AAC function.

Yours in health,

David A. Sheitelman, DC
Why Your Chiropractor May Send You for Imaging
Provided By: Insight Imaging

Submitted by Insight Imaging, part of the Center for Diagnostic Imaging (CDI) national network. Together, Insight Imaging, CDI and affiliated providers create one of the nation’s largest provider networks for diagnostic imaging, interventional radiology and mobile imaging services.

A nagging pain may lead you to the chiropractor… but that’s not always where your care ends. Sometimes you’ll be sent for a scan.

“Chiropractors, they’re excellent at treating the initial acute back pain and sometimes chronic back pain after surgery, but sometimes their patients don’t get better just with chiropractic care or chiropractic manipulation. So they’ll call us,” said Dr. Kishan Yalavarthi – CDI Neuroradiologist.

“Sometimes for a CT, also known as a CAT scan -- or sometimes for an MRI. The images give our Radiologists a look at the specific problem area to help guide your care. The chiropractors appreciate us helping them, maybe steering them down the right path”.

St. Louis Chiropractor, Dr. Rachel Bartlett, said whether or not you need a scan depends on your type of pain. “A lot of it is case-by-case scenario. If the patients are 10 out of 10 pain and you do the orthopedic tests and they’re showing positive or you have certain signs showing that there’s actually something going on in that disc, that’s when you’re more confident to send them out for imaging.”

Dr. Bartlett added, “If in our office, if we do 4 to 6 treatments and there’s not the improvement that we expect, that’s when I feel confident using CDI to get the imaging that I need.”

Dr. Yalavarthi said, “Routinely she’ll call me and I’ll help her talk through what the next best steps would be for that patient.”

Taking the team approach, helps get you the best results … and ultimately the most relief.

Dr. Bartlett said “I love it if we have a really tough case, we can work together and try and figure out the best thing for the patient. That’s incredibly gratifying when you can say what about this or what about that and you put two or three people in the same corner trying to figure out what’s best for the patient – that’s the best part about the job.”

View the video here: https://www.mycdi.com/viewpoints/why_your_chiropractor_may_send_you_for_imaging_138
Chronic pain – how chiropractors can help

More and more articles appear in the news regarding the opiate problem in the United States, which means that chronic pain is a pandemic problem for our country. While researchers can debate the many details about opiate addiction, a fundamental point that can be agreed upon is that these medications are initially prescribed due to a painful event, which could be an injury or surgery. No matter the reason for the initial prescription, the point that needs to be appreciated is that for too many individuals, pain does not go away, which is why patients end up depending on opiates and other medications.

In contrast with the above chronic pain scenario, for many chiropractic patients, their pains do go away. Fortunately, most of these patients will return again when a problem arises, which is why many DCs end up treating people for many years in a cyclical fashion. One of the keys to a successful practice is to have many hundreds of these patients.

Another key to a successful practice is to be viewed by your community as a resource for pain management, which is currently not the case for most chiropractors. In other words, it would be great if patients with acute pain were sent to chiropractors to prevent the transition into chronic pain. It would also be great if patients with chronic pain were sent to chiropractors. If this were the case, our offices would be filled and most regions of the country would need more chiropractors.

At present, the treatment of chronic pain represents a major challenge in America and we chiropractors need to do more to participate. We also need to understand chronic pain better as a profession, and we are not alone. It turns out that “pain” is not a focus of training chiropractic, physical therapy, or medical training. While we learn a little about pain in various classes, there is no specific class that is devoted to the details of pain expression and what changes in the nervous system during the transition from acute to chronic pain. This can lead to confusion for practitioners and can create a mindset of “pain avoidance” for the practitioner, meaning that they prefer not to deal with patients in pain - this holds true for many chiropractic and medical doctors. If we added a heavy dose of “pain education” to our chiropractic college curriculums, we could become the profession of choice to deal with the emerging pain epidemic in America.

While this article is too short to deal with pain physiology details, some basic treatment issues can be highlighted that may assist in dealing with chronic pain patients and help to prevent patients from making the transition from acute to chronic pain. What I am referring to are the known perpetuators of pain that we chiropractors can address. The presence of these perpetuators appears to be the reason why acute pain patients become chronic.
The most tangible perpetuator is deconditioning for which exercise is the recommendation that should be encouraged individually based on patient tolerance. Faulty respiration that leads to low blood levels of carbon dioxide, called hypocapnia, can promote pain and dysautonomic symptoms. Teaching patients to breathe properly can address this important perpetuator.

Less tangible perpetuators of chronic pain include stress and a lack of sleep. Each must be addressed according to the needs of the patient. The final perpetuator that is also less tangible is diet. When we are young, a pro-inflammatory diet consisting of large amounts of refined sugar, flour, and oils, mostly just tastes great and is not associated with symptoms. Years later, the inflammatory state created by these foods can perpetuate chronic pain.

Practicing chiropractic is most easy and enjoyable if you have lots of patients who respond to manual care, and then return as needed. However, it is rare to exclusively have this type of patient population. Most chiropractors have a small to large percentage of patients who do not respond as well as we would like, and these patients need to have their pain perpetuators addressed in an efficient fashion. Addressing the pain perpetuators can help to prevent the transition from acute to chronic pain and more effectively treat those who have chronic pain. If we excelled in this area, we might need several more chiropractic colleges to handle the demand.

Dr. Seaman is a Professor of Clinical Sciences in Chiropractic Medicine at NUHS in Pinellas Park, Fl. He is also a consultant for Anabolic Laboratories, for whom he has designed several nutritional supplements. He has authored many articles on the topic of diet, inflammation, and pain. His most recent book written for laypeople is entitled The DeFlame Diet. He posts regular DeFlame nutrition updates on Twitter @DeflameDoc and DeFlame Nutrition on Facebook.
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A formal Financial Report of Findings (FROF) is an essential key to success for any chiropractic office. I am surprised that many of my colleagues skip this step. Today’s patients are healthcare consumers and want us to help them to feel better physically without hurting them financially. In fact, many insured patients walk into our offices under the assumption that their insurance is going to cover all of the care they need with minimal out-of-pocket expense. Raving fan patients can turn angry when they receive a bill several months later for hundreds, if not thousands, of dollars for care that was not covered by their insurance.

The best way to keep patients happy, improve clinical outcomes, and enhance collections in your practice is to clearly and openly discuss your fees and payment policy up front. By conducting a formal Financial Report of Findings in your office, you can clearly outline your treatment plan and the patient’s estimated out-of-pocket expense. If you provide ways to make the care affordable and offer payment options that your patients can afford, you have a win-win situation.

One of the simplest ways to provide affordable payment options is by offering automated payments. This is a great tool to ensure that your patients complete their recommended care, reduce missed visits, and eliminate the sting of out-of-pocket payments at the end of each visit. In fact, orthodontists have successfully used this technique for years. I walked into an orthodontist’s office with my sons and walked out 30 minutes later with an affordable payment plan for over $7,000 in orthodontia. The staff clearly explained the need for care, the cost of the care, and gave me an affordable payment option. I never thought twice about the total expense because the monthly payment fit in my budget. And, I don’t think we ever missed an appointment!

Patients need and want care or they wouldn’t come to your office. Provide a thorough consult, exam, and Report of Findings to establish the need and benefit of care. Then offer a simple, compliant, Financial Report of Findings. We offer some free tools you can use to show patients how you can help keep their care affordable whether they have insurance or not. To download our simple 1-page financial policy, a simple 1-page financial report of findings, and to learn how to create compliant care plans, go to http://www.chirohealthusa.com/frof.

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains “in the trenches” facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com
The Arizona Association of Chiropractic would like to say **THANK YOU**, to everyone who participated in the 2016 AAC Staycation Convention! We would like to welcome all of our NEW Members as well as thank them for choosing to support the Arizona Association of Chiropractic! The participation and support of all the 2016 Convention Attendees, Speakers, Speaker Sponsors and Vendors, have once again helped us create yet another successful Annual Convention Staycation!!

We would like to thank ALL of our members as well as thank all of the non-members who attended the 2016 AAC Convention in June!

A very special “Thank You” goes out to Dr. Miles Bodzin, our Key Note Speaker for the Saturday Lunch Banquet. It was a pleasure to have you speak at our event, as well as have you teaching in one of our seminars. Thank you!

Also we would like to thank all of our wonderful speakers who came to educate us, in a informative and in some cases, a very hands on way!! The AAC received many wonderful comments regarding all of the courses and course content that our presenters brought with them to the 2016 AAC Convention!!

Without ALL of the above mentioned people and groups, our 2016 Convention could not have been a success, thank you to ALL of our participants. You each played an integral role in the success of this event as well as the ongoing success of the Arizona Association of Chiropractic!!

Please check our website for pictures of the 2016 Convention!! Have a comment, story or picture of the 2016 Convention you would like to share? You can post them directly to: [https://www.facebook.com/AZAssociationofChiropractic](https://www.facebook.com/AZAssociationofChiropractic) or you can email them to us at [aac@azchiropractic.org](mailto:aac@azchiropractic.org)
As you may be aware, health care freedom of choice is a hot topic across the nation, especially in regards to mandatory vaccination for children and adults. Legislation has been introduced in MANY STATES over the past year to make obtaining exemptions more difficult, remove exemptions completely or make changes to the required vaccination schedule for school attendance. WE SEE SIMILAR EFFORTS IN Arizona.

We became aware of a possible change to how DHS will allow exemptions to be obtained and as a result, held a meeting with a key legislator to learn more about this process. We have asked to be added as a stakeholder to these conversations, as chiropractors are considered portal of entry providers. We will continue to monitor this situation and update you as information becomes available.

The Arizona Association of Chiropractic is committed to representing the diverse views within our community. Last year, the AAC adopted a policy statement regarding Health Care Freedom of Choice. That policy reads:

The AAC supports an individual’s right to freedom of choice in determining health care decisions for themselves and their children based upon informed awareness of the benefits and possible adverse effects of all types of treatment.

We further support medical, philosophical, and religious exemptions regarding any mandatory health care laws thereby maintaining an individual’s right to freedom of choice in health care matters.

- Joanne Siebert, DC
Philosophy Committee Chair
Secretary, Arizona Association of Chiropractic
As an Office Consultant I’ve often been asked, “Why are my numbers down? Why am I getting No Calls or No Shows.” A few simple tests can help you determine if it’s your receptionist.

1. **Check for Personality**

Call your office from an unrecognizable number and listen to hear what office image your front desk is projecting. Does the person on the other end sound Happy? Apathetic? Too busy? Energetic? Excited? Is your new patient script being used? Is the person answering your phone prepared and able to answer any questions you ask? The first impression of your office comes across in the new patient phone call not when they get to your office. Scripting, phone etiquette and tone are essential in communicating your message.

2. **Technology vs. Live Person**

Did you roll to an answering machine? Was it last week’s message? Was the message so long you wanted to hang up? Or did it roll into an automated system? Did it take forever to navigate to a live person? Did you follow the prompts and never get to a live person and did you leave a message? How long does it take for your CA to call you back to schedule? Nothing is as frustrating as just being dumped into a mail box to leave a message and waiting for a call back that doesn’t come for hours.

3. **Ensuring that you’re equipped**

Did the phone ring busy or roll to a fax line. If the new patient is getting a fax squeal in their ear that is enough for most to hang up and call the next DC on their list. This is corrected simply by adding another phone line. That will cost you about $30.00 a month and one new patient would pay for it.

If your front desk clerk is a Girl Friday and is busy at work in the back office and has the phone going to message on purpose. This is a perfect fit for another simple fix; get her a head set.

4. **Check for under staffing.**

Personal interaction is very important. If your staff is too busy to pick up your incoming calls it may mean you need more staff. Ask them why they weren’t able to get to the phone. Determine if these were legitimate reasons for missing the call and how often this is happening. How many new patients would it take to make up the salary of adding one part time employee during your busy hours?

I believe that a strong chiropractic team comes from training, implementing and reassessing. Your staff will learn this and more when they go through their CA training. For information about live or online CA Training courses Email me at: drcanham@professionalonlineeducation.com

Rosalind Canham D.C.
Chiropractor and Educator
[www.ProfessionalOnlineEducation.com](http://www.ProfessionalOnlineEducation.com)
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Recommended by AAC Member: ___________________________ (not required for membership)

CHECK APPROPRIATE CATEGORY FOR MEMBERSHIP

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- First Year in Practice .................$20 per month ($240.00 per yr. Includes 10% discount)
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- Third Year in Practice ...............$60 per month ($720.00 per yr. Includes 10% discount)
- Fourth Year in Practice ...............$80 per month ($960.00 per yr. Includes 10% discount)
- Fifth Year/more in Practice ...........$80 per month ($960.00 per yr. Includes 10% discount).

  For Voting Members: First three months’ dues required to activate membership.

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- *Retired Membership ..............................$100 per year (Doctors NOT PRACTICING AT ALL)
- *Out-of-state DC Membership ..................$100 per year /$150.00 outside the US
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- *Corporate Membership ..........................$500/$1000/$1500 per year (for product/service providers)
  [Email the AAC at AAC@AZChiropractic.org for category details]

  For Non-Voting Members: Full year’s dues required to activate membership.

I hereby apply for membership in the Arizona Association of Chiropractic (AAC), for the purpose of serving the Chiropractic profession and for the benefits I may receive from such membership. As an Association member, I agree to comply with the Constitution and By-Laws of this Association.

Today's Date | Signature
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