

**CARNES CHIROPRACTIC CLINIC, LLC  
BOB CARNES D.C.**

**MEDICARE Part B**

**Extended Patient Signature Authorization**

<b>Provider's Name</b> Carnes Chiropractic Clinic, LLC.	<b>Provider's I.D. Code</b>
<b>Provider's Address (Street, City, State, Zip)</b> 2323 W. Main St., Ste 109, Dothan, AL 36301	
<b>Beneficiary's Name (Patient)</b>	<b>Medicare or HMO Number</b>

Payment for services rendered is to be made as follows:

**“I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Carnes for any services or items furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and it’s agents any information needed to determine these benefits or the benefits payable for related services.”**

\_\_\_\_\_  
**Signature or Beneficiary or person signing for Beneficiary (Patient)**

\_\_\_\_\_  
**Date Signed**

<b>Address of person signing for Beneficiary (Street, City, State, Zip)</b>	<b>Relationship</b>
<b>Reason Beneficiary is unable to sign:</b>	

# **CARNES CHIROPRACTIC & WELLNESS CENTER BOB CARNES, D.C.**

## **MEDICARE QUESTIONNAIRE**

1. Do you or your spouse work for a company that provides you with health insurance? Yes\_\_\_\_ No\_\_\_\_
2. Are you entitled to Medicare because of End Stage Renal Disease? Yes\_\_\_\_ No\_\_\_\_
3. Is the illness or injury the result of an accident or illness that occurred while at work? Yes\_\_\_\_ No\_\_\_\_
4. Is this illness or injury the result of an accident or other injury? Yes\_\_\_\_ No\_\_\_\_
5. Has the treatment for this accident or illness been authorized by the Veteran's Administration? Yes\_\_\_\_ No\_\_\_\_
6. Are you entitled to any benefits under the Federal Black Lung Program? Yes\_\_\_\_ No\_\_\_\_
7. Do you have a Medicare Medigap Policy? Yes\_\_\_\_ No\_\_\_\_ Name of Company\_\_\_\_\_
8. Do you have a Medicare Supplement Policy? (Policy provided by employer you retired from? Yes\_\_\_\_ No\_\_\_\_

**CARNES CHIROPRACTIC CLINIC  
BOB CARNES, D.C.**

***BRINGING WELLNESS TO THE WIREGRASS***

**MEDICARE WAIVER OF LIABILITY**

Carnes Chiropractic Clinic does not accept assignment with Medicare. The patient is responsible for payment at the time of service. Medicare will reimburse you directly only for services they determine to be reasonable and necessary.

**Medicare will only pay for adjustments to correct a subluxation of the spine.**

Medicare will deny payment for services such as; massage therapy, lab tests, nutritional supplements, orthopedic appliances, medical reports etc. The patient is personally responsible for charges of all services other than spinal manipulation, including the initial exam and kinesiological tests . Medicare will not pay for maintenance therapy. Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not considered to be medically necessary under the Medicare program. In our judgment your care may require more treatment than allowed by Medicare.

**MEDICARE PATIENT AGREEMENT**

I have been notified by Carnes Chiropractic Clinic that Medicare is likely to deny me payment for the services identified above because Medicare will only pay for adjustments to correct subluxations of the spine that they determine are reasonable and necessary. I understand that I am responsible to keep my account current by paying at time of service.

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*Signature*

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*Date*