

Supportive Care Worksheet - Sample

Patient Name: Merry Patient **Date:** _____

1 visits per week 12 months = 52 adj. New Exam = N/A

_____ visits per month _____ months = _____ adj. New X-ray = 12 months

Care Plan Summary 12 months = 52 adjustments View = L-C

Doctor of Chiropractic Signature: Dr. Sawyer

52 visits at 100 per visit (avg.) = 5200 Traction Y N

2 x-ray(s) at 100 each = 0 Exercise Y N

Total = 5,200 Other _____

Total Estimated Insurance Payment = 0

Subtotal = 5,200

Total = 2,600 (50%) (Savings: 2,600)

Monthly Enrollment	
10% Savings =	<u>260</u>
Reduced Total:	<u>2,340</u>
Insurance +	<u>400</u>
(Estimated Patient Responsibility)	
Balance Due: =	<u>1,940</u>
# <u>11</u> (Mos.) =	<u>176</u> /month

Pre-Payment Discount	
20% Savings =	<u>520</u>
Reduced Total:	<u>2,080</u>
Insurance: +	<u>400</u>
(Estimated Patient Responsibility)	
Balance Due: =	<u>2,480</u>

Past Care Plan Details					
Rec. PV #:	<u>80</u>	Actual PV #:	<u>80</u>	Per Visit:	<u>58</u>
Last Payment:	<u>325</u>	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Balance:	Type: <input checked="" type="checkbox"/> ME	<input type="checkbox"/> PP <input type="checkbox"/> O/C <input type="checkbox"/> FP
Total Payment:	<u>4,725</u>	Ins. Exp:	<u>1,000</u>	Ins. Paid:	<u>825</u>
		Current Ins. Exp:	<u>1,000</u>		

Date

Date

Merry Patient
Patient Signature

Date

Date

Sally, C.A.
Authorized Agent for The Practice