American Specialty Health Plans of California, Inc. (ASH Plans)
P.O. Box 509002, San Diego, CA 92150-9002
Fax: 877/427-4777

SUPPORTIVE CARE
(Chiropractic)

For questions, please call ASH Plans at 800/972-4226

FOR ASH PLANS USE ONLY	ASH PLANS TREATMENT FORM #	RECEIVED DATE	ASH PLANS CLINICAL SERVICES MANAGER

Patient Name Anderson, Tiffany (Last / First / Initial) Sex M/F (F) Birthdate 8/22/70 (mm/dd/yyyy) Patient ID# 0007897964

☐ Work Related

Subscriber Name ______ Subscriber ID# ______ Is This? ☐ Auto Related

Health Plan Kaiser Primary ☒ Secondary ☐ Employer ______ Group # 000000030305

Treating D C Dr Gerard
Address 515 S Fairmont ave.
City/State/Zip Lodi, Ca 95240
Phone 209 333-2401 Fax 209, 368-9005

PATIENT MAILING ADDRESS AND PHONE NUMBER
Address 1416 Iris Drive #7
City/State/Zip Lodi, Ca 95240
Phone 209, 329-2339

ICD-9 CODES / DIAGNOSES (must be to the highest level of specificity):
1 729.2 Cervical Radiculitis
2 ______
3 ______
4 ______

TREATMENT/SERVICES SUBMITTING FOR REVIEW:
From: 6/25/07 Through. 8-25-07 (UP TO 120 DAYS)

# Office Visits	# Therapies
4	

☒ Established Exam (performed within above dates)
Date of Exam Findings (mm/dd/yyyy) 6/25/07.
Adj./Manip.: (Type) Man, CO[illegible]
Therapy: (Type) ______
Supports/Appliances ______
X-ray Views (performed within above dates): ______

(ALL SERVICES FOR SUPPORTIVE CARE SHOULD BE RENDERED ON PRN STATUS)

DATE OF MOST RECENT VISIT (mm/dd/yyyy) 6/25/07

BASIS FOR PERMANENCY:
Chief Complaints Frequent neck pain intermittent bilat scap pain (7-5)
Current Exam Findings Foram comp (+) to both scaps, shoulder dep (+3) tenderness to palp, C-T. Rom flex 55, ext 30, LLF 32, RLF 25, LL 72, RR 65
Imaging Studies Obtained (views taken) ______ Date taken ______
Findings ______

HAVE THERE BEEN ATTEMPTS TO WITHDRAW CARE? ☐ No ☐ Yes, please explain
Pt on PRN

HAVE LIFESTYLE MODIFICATIONS BEEN CONSIDERED AND ATTEMPTED? ☐ No ☐ Yes, please explain
pt. is working on posture

HAS HOME-BASED SELF-CARE BEEN CONSIDERED AND ATTEMPTED? ☐ No ☐ Yes, please explain
hot/cold

HAVE EXERCISE (ACTIVE REHABILITATION) INSTRUCTIONS BEEN PROVIDED? ☐ No ☐ Yes, explain
pt is actively exercising

HAS MANAGEMENT OR CO-MANAGEMENT BY PCP, PSYCHOLOGIST OR OTHER SPECIALIST(S) BEEN CONSIDERED AND ATTEMPTED? ☐ No ☐ Yes, explain ______

OBJECTIVES OF CARE support, pain relief as needed

Signature of treating D C (Required) [signature] Date. 7-24-07

02/01/2006

rf8 P dc ttw SC 11 2 05 doc