



PAUL M. BIZZARO, D.C.
81 SOUTH MAIN STREET
YARDLEY, PA 19067

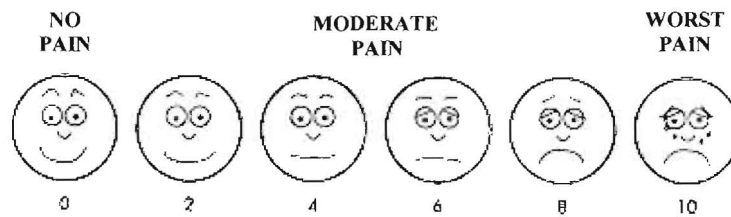
TELEPHONE: (215) 493-6589
FAX: (215) 493-1022



NEW PATIENT REGISTRATION MLS® Laser Therapy

Name _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Cell Phone _____
 E-mail address _____ Date of Birth _____
 Primary complaint _____

 Length of time with this condition _____
 How did you hear about MLS Laser Therapy? _____



Use this chart to estimate your pain level (Circle One).

Please check any of the following that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Take medication that increases sensitivity to sunlight | <input type="checkbox"/> Take anticoagulants |
| <input type="checkbox"/> Have a seizure disorder that is triggered by light | <input type="checkbox"/> Are pregnant |
| <input type="checkbox"/> Have hemorrhagic diatheses | <input type="checkbox"/> Have HIV positive history |
| <input type="checkbox"/> Been injected with steroids in the past 2-3 weeks | <input type="checkbox"/> Have a pacemaker |
| <input type="checkbox"/> Have a cancerous lesion(s) or history of cancerous lesions | <input type="checkbox"/> Leukemia |

Please list medications you are currently taking:

For office use only:

Diagnosis _____

Notes _____

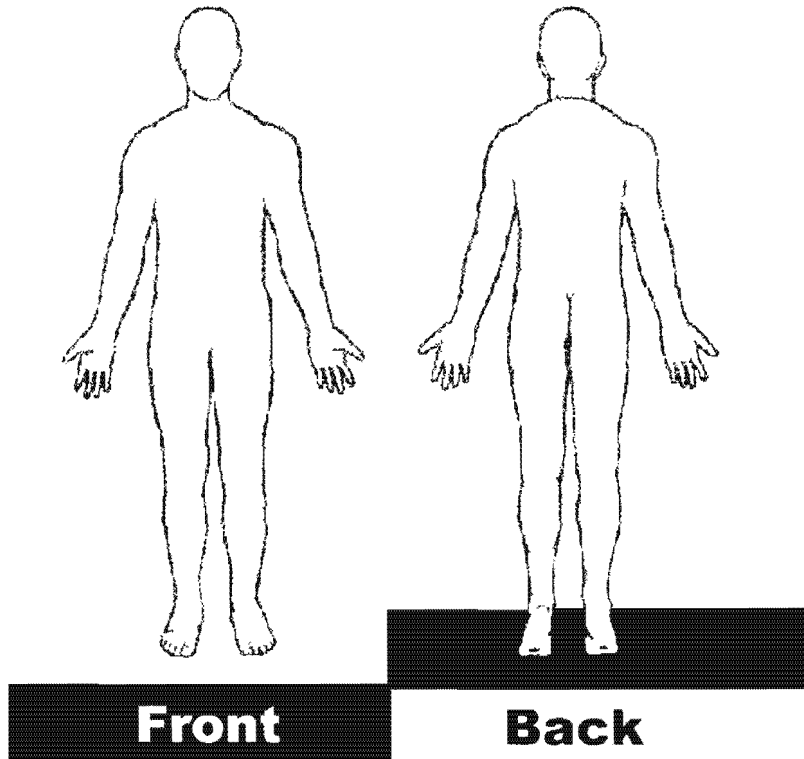
Tx plan: Number of visits _____ Payment Plan: Individual _____ Pay in full _____

Paul M. Bizzaro, D.C.
81 S. Main St.
Yardley, PA 19067
T: 215.493.6589

Patient Signature: _____

Date: _____

Please x any area of pain



Doctor's Notes _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

Prepare for your Treatment of Laser Therapy

- Make sure area of treatment is clean prior to your scheduled appointment
- Avoid the use of any topical creams, lotion, or analgesic balms before or immediately after treatment
- Wear approved safety goggles unless lying face down away from laser light (supplied by tech)
- Avoid wearing jewelry or any shiny objects (watches, bracelets, chains, etc.) at or around treatment area during treatment
- Wear appropriate (loose clothing) around treatment area (gowns will be supplied if necessary)

Insurance Coverage

MLS Laser Therapy is cleared for clinical use by the FDA; Insurance reimbursement is very limited at best, therefore, we do not participate with any insurance plans at this time. You may submit your paid receipt to your insurance company for consideration. The good news however, is that MLS Laser Therapy is very affordable to all who suffer with pain! Treatment cost begin at just \$75 for a treatment and increase based upon the extent of the injury and the number of areas which require therapy.

I HAVE READ THE ABOVE PARAGRAPH, I UNDERSTAND THE INFORMATION PROVIDED. THE INFORMATION PROVIDED HAS BEEN EXPLAINED TO ME AND ALL QUESTIONS WHICH I HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.

Patient Signature _____

Date _____

Patient Name:

Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the services below.

Services	Reason Medicare May Not Pay:	Estimated Cost
Laser Therapy Exam	This is not covered by Medicare.	\$80
Robotic Dual Wave Synchronized Laser Therapy	This is not covered by Medicare	\$500-\$1200 depending on amt/package

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date:
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