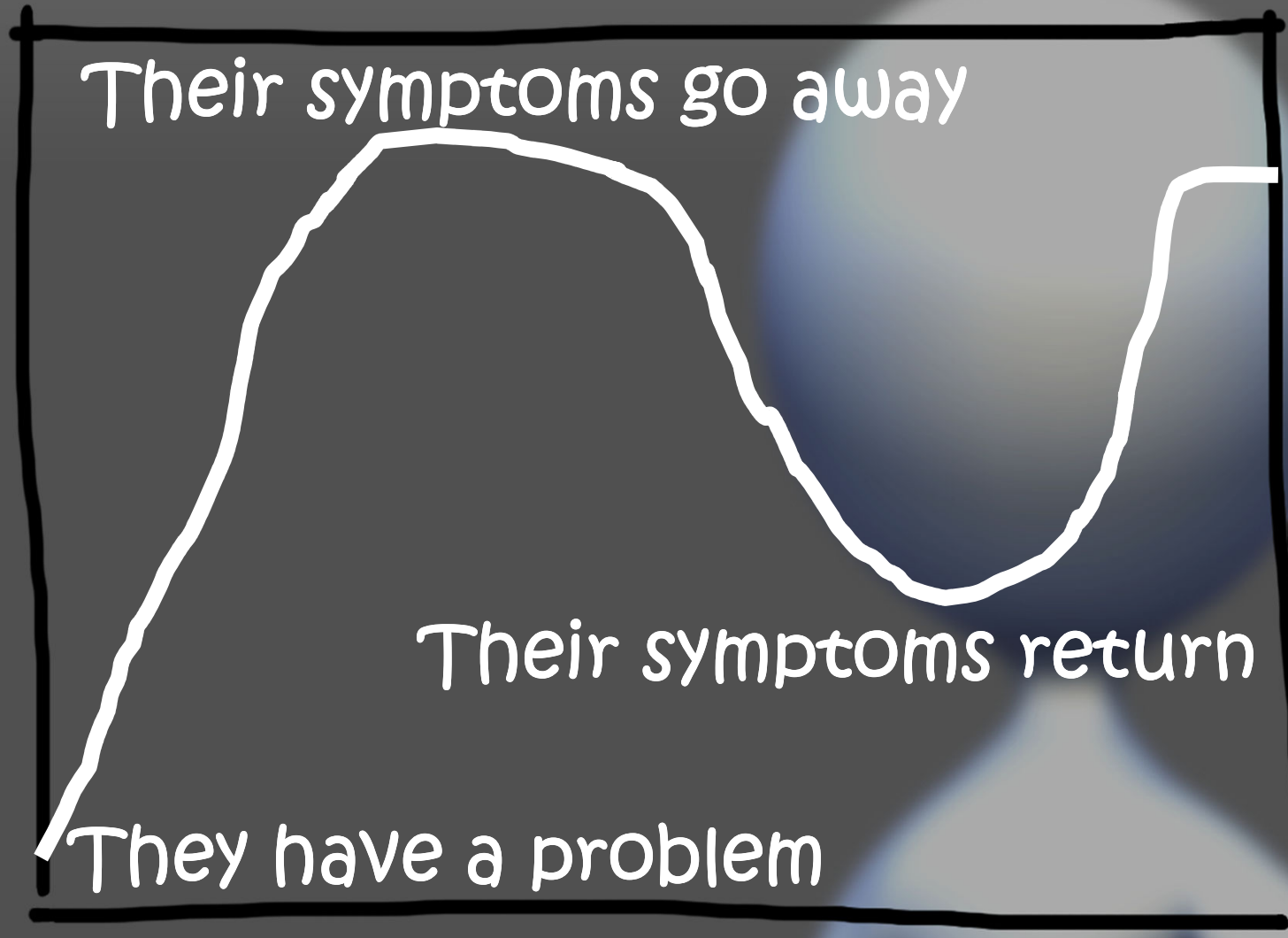


BALANCING PHILOSOPHY AND NECESSITY




A look at Subluxations And Insurance

THE TYPICAL PATIENT



THE BIG QUESTION!

A 3D white figure is shown from the back, with its right hand raised to its head in a thinking pose. A large, white, glossy thought bubble is positioned above the figure's head. Inside the thought bubble, the text "I'm right to adjust subluxations?" is written in a black, cursive font. Below the main thought bubble, there are two smaller, empty thought bubbles, one above the other, suggesting a chain of thought or a sequence of ideas.

*I'm right to
adjust
subluxations?*

MEDICAL NECESSITY

The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition, and provide reasonable expectation of recovery or improvement of function.

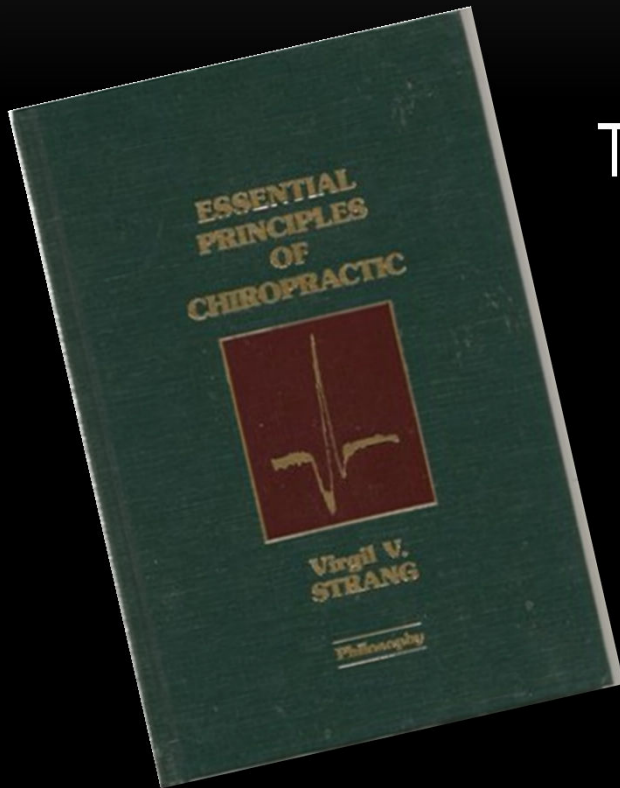
SERVING TWO MASTERS



Patient's Coverage

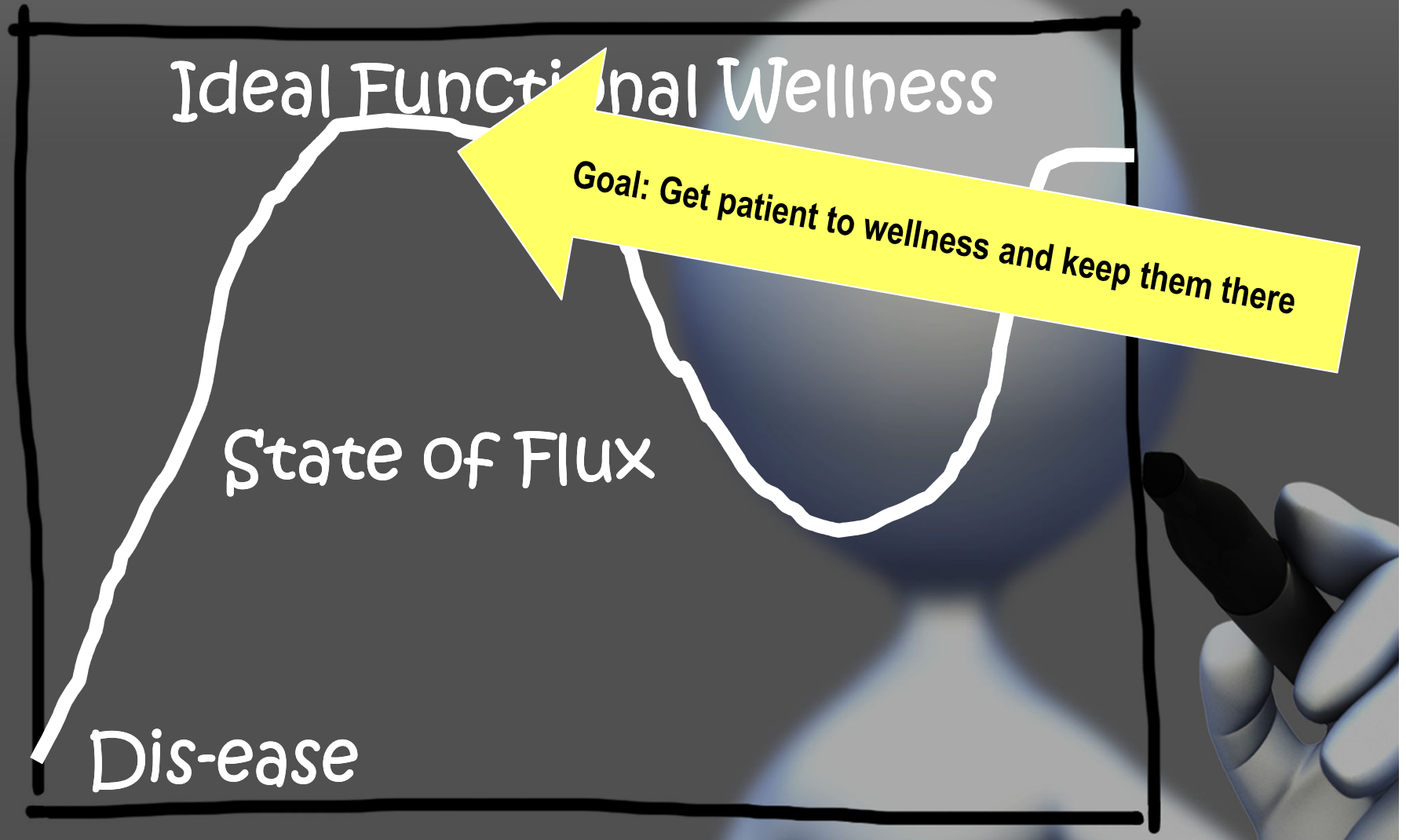
Patient's Needs

THE BIOLOGICAL SPECTRUM

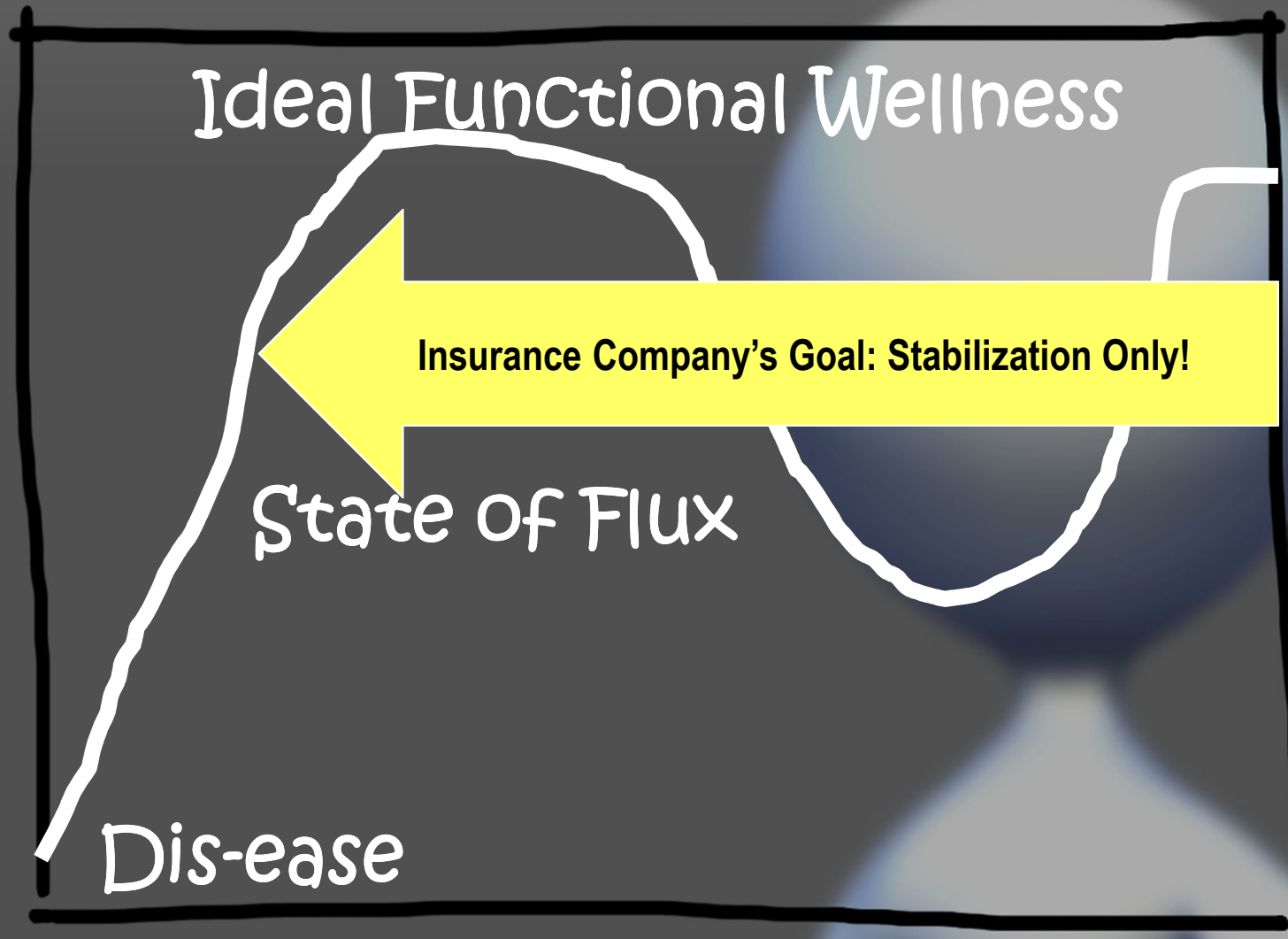


The human being functions within a biological continuum which extends from what might be called “ideal *functional* wellness” at one end to death at the other end.

THE TYPICAL PATIENT



THE TYPICAL PATIENT



THE 24TH PRINCIPLE

The Limits of Adaptation – Innate intelligence is limited by the limitations of matter

Chiropractic Text Book

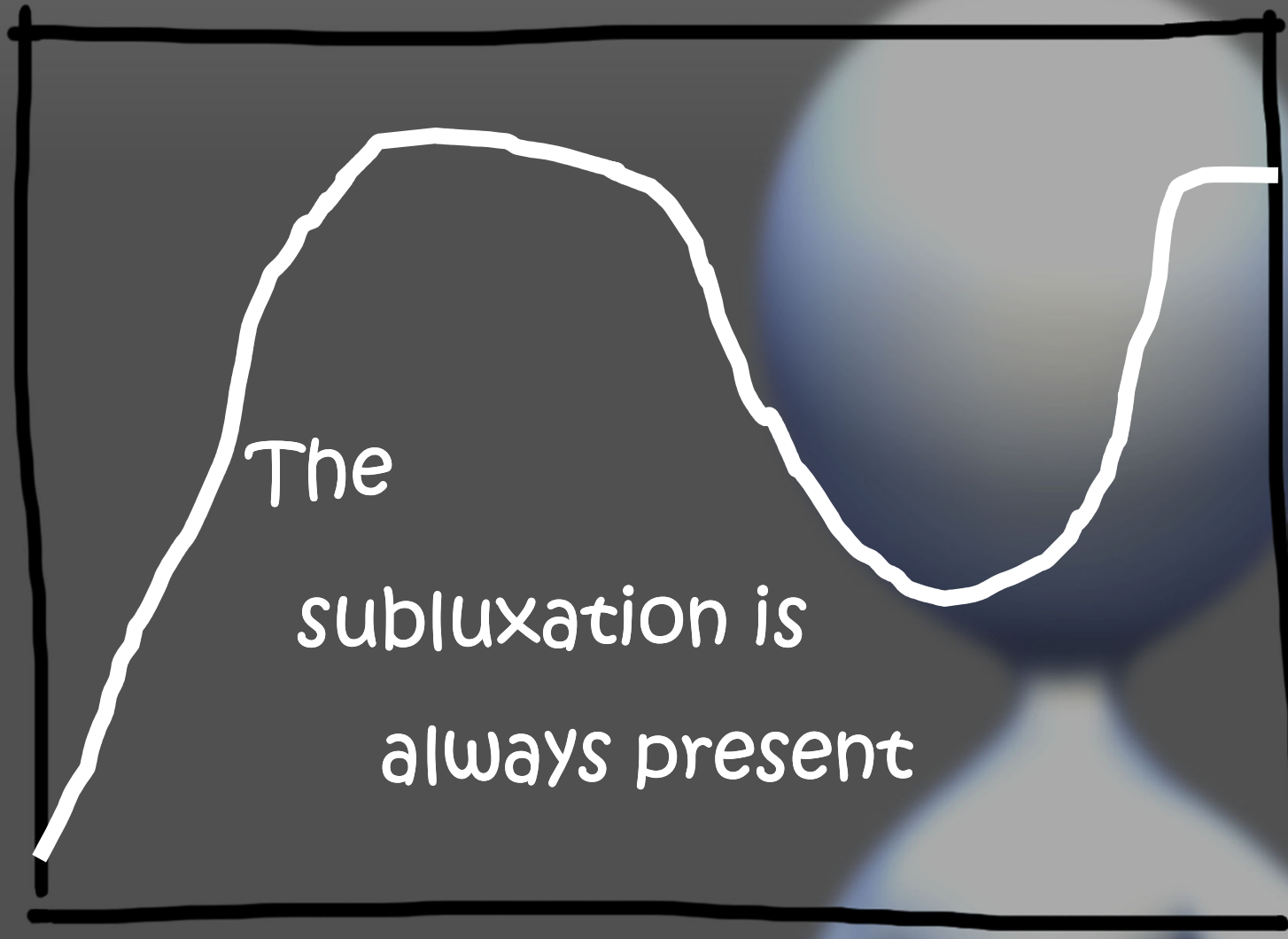
R. W. Stephenson, DC

THE 24TH PRINCIPLE

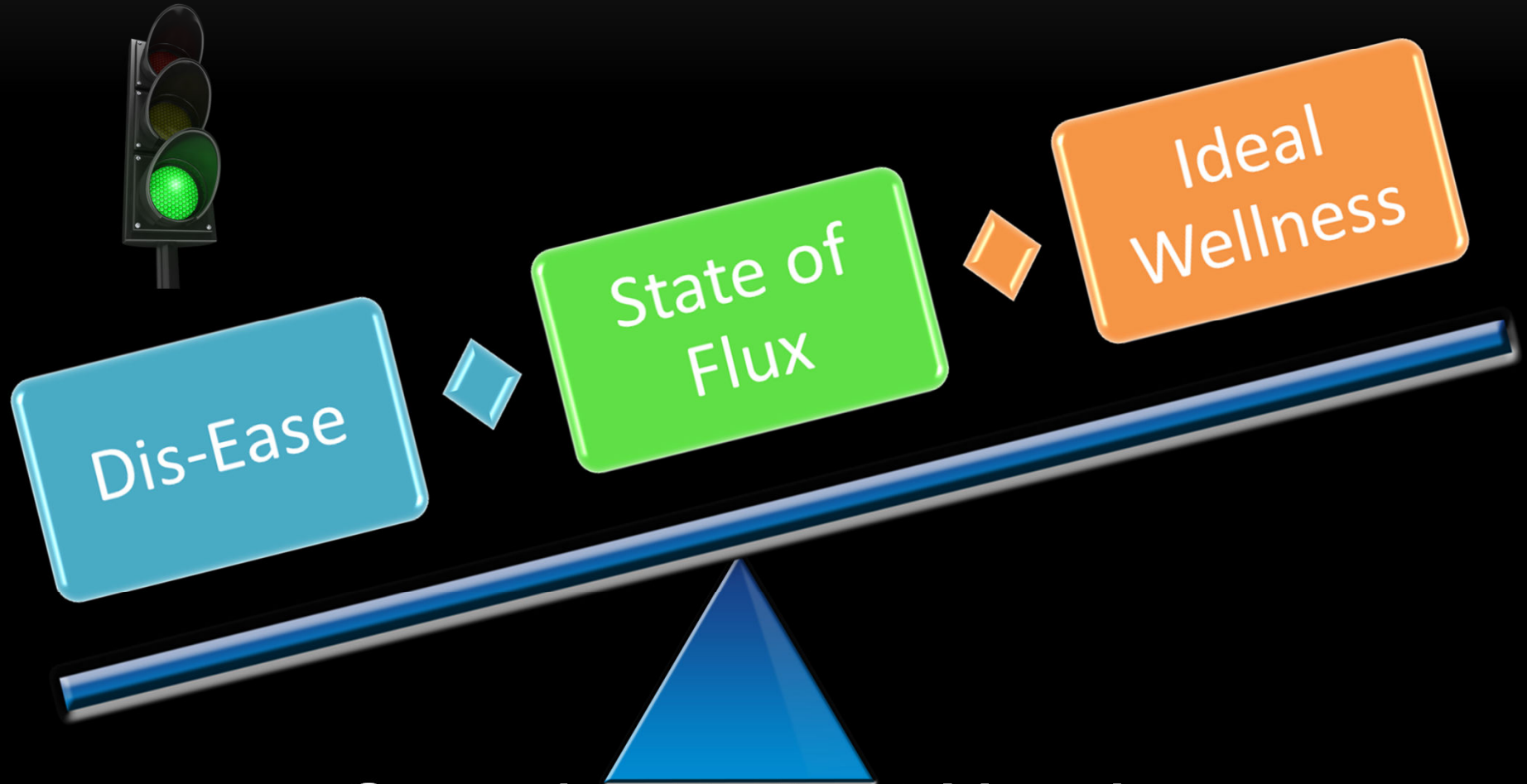


The Limitation of Matter

THE TYPICAL PATIENT

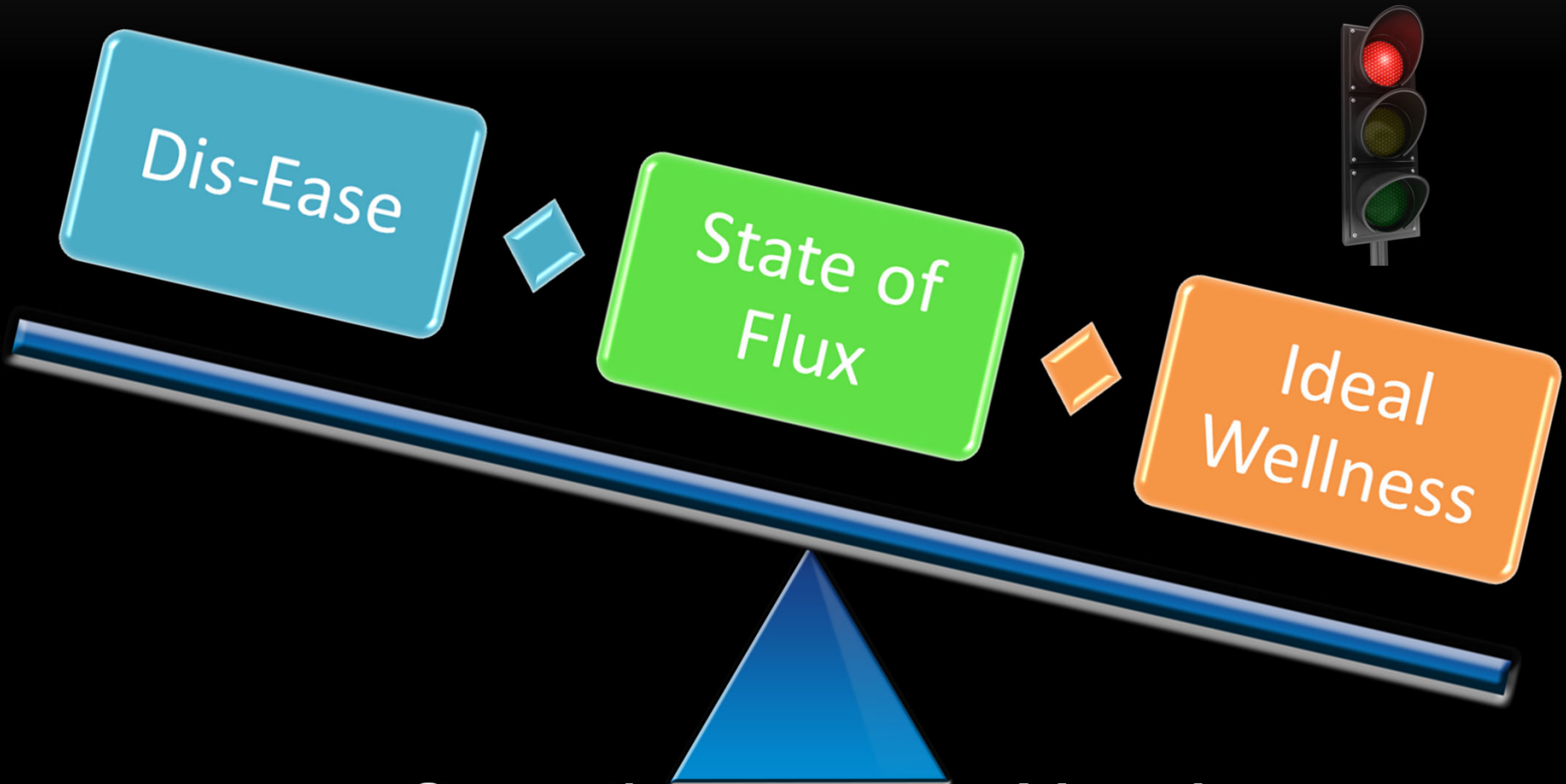


THE SPECTRUM VS. NECESSITY



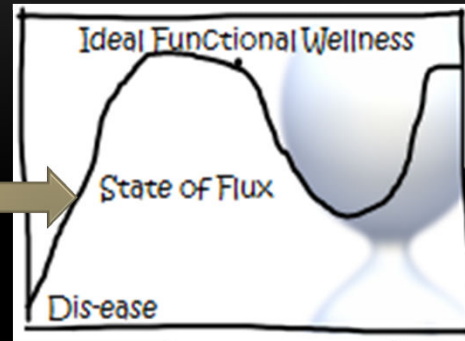
Care the Patient Needs

THE SPECTRUM VS. NECESSITY



Care the Patient Needs

THE SPECTRUM VS. NECESSITY



Dis-Ease



State of Flux

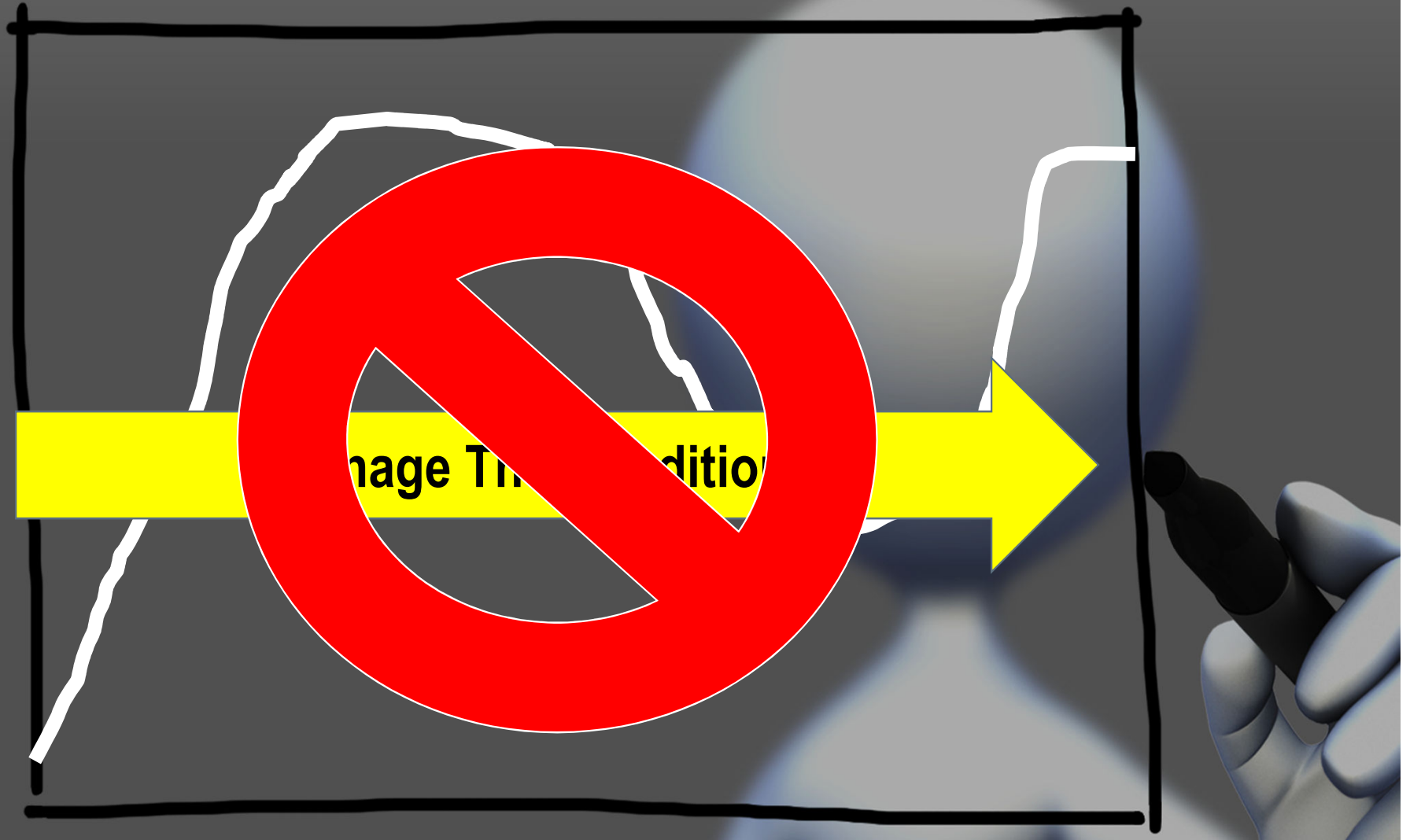


Ideal Wellness



Care the Patient Needs

THE TYPICAL PATIENT

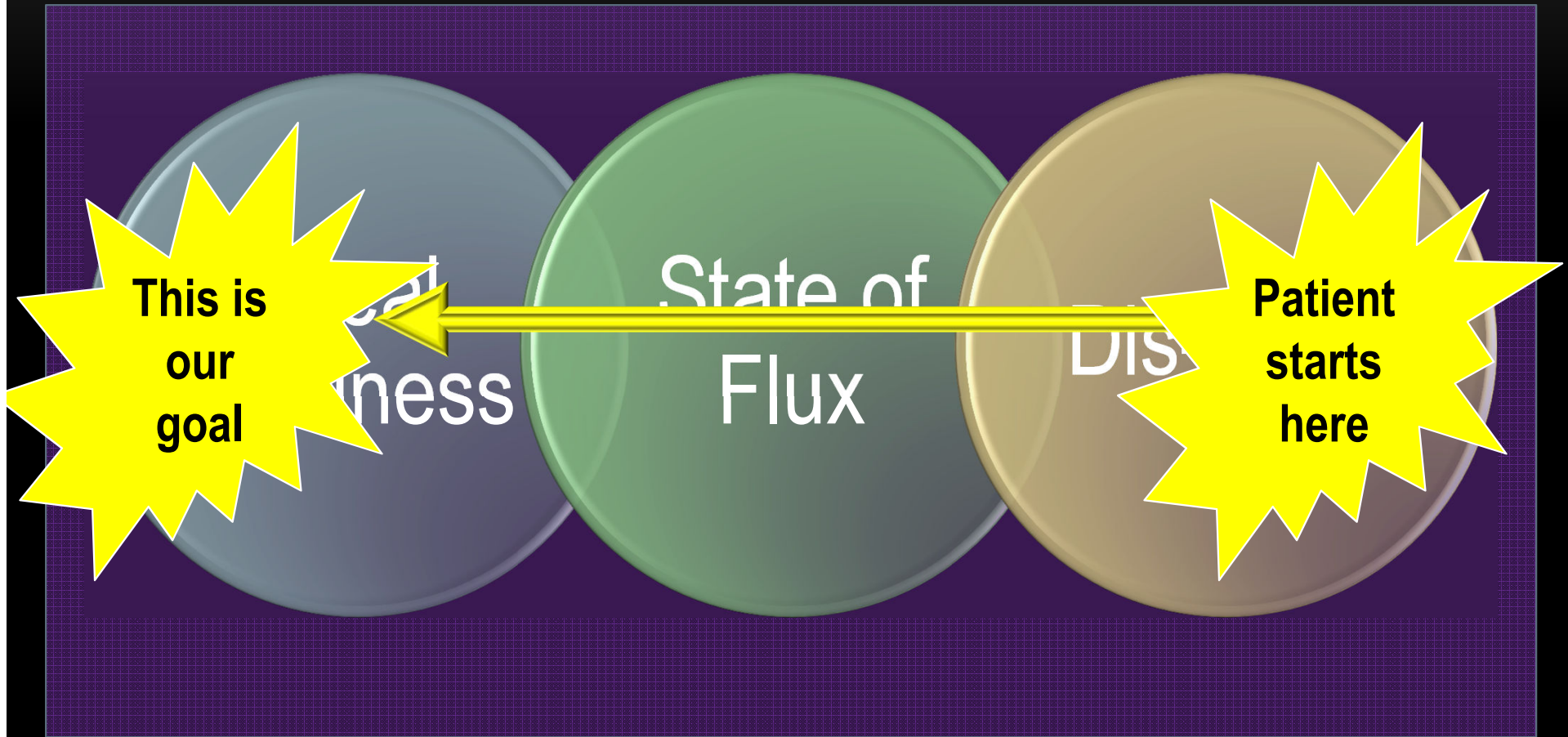


THE BIOLOGICAL SPECTRUM

The human being functions within a biological continuum which extends from what might be called “ideal *functional* wellness” at one end to death at the other end.

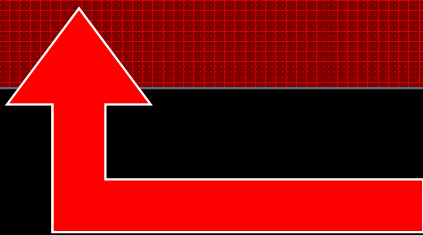
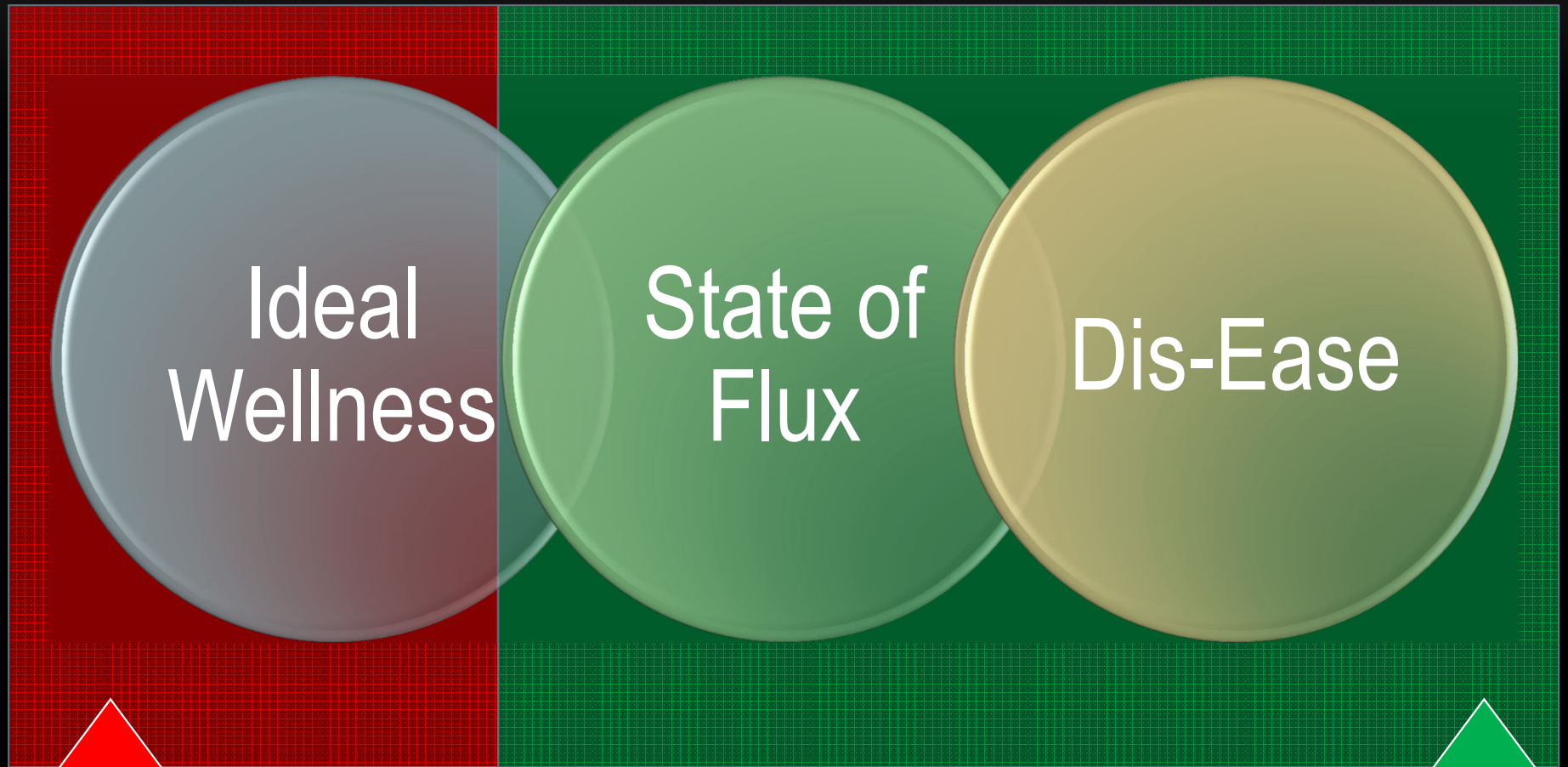
This is where our intention/philosophy comes into play with how we create a plan of care for our patients.

THE SPECTRUM VS. NECESSITY

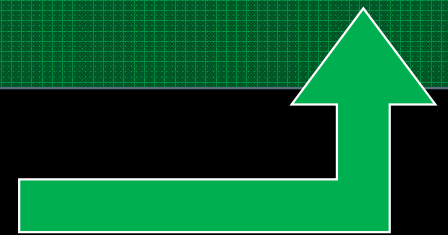


Care the Patient Needs

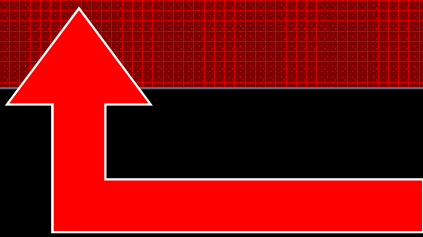
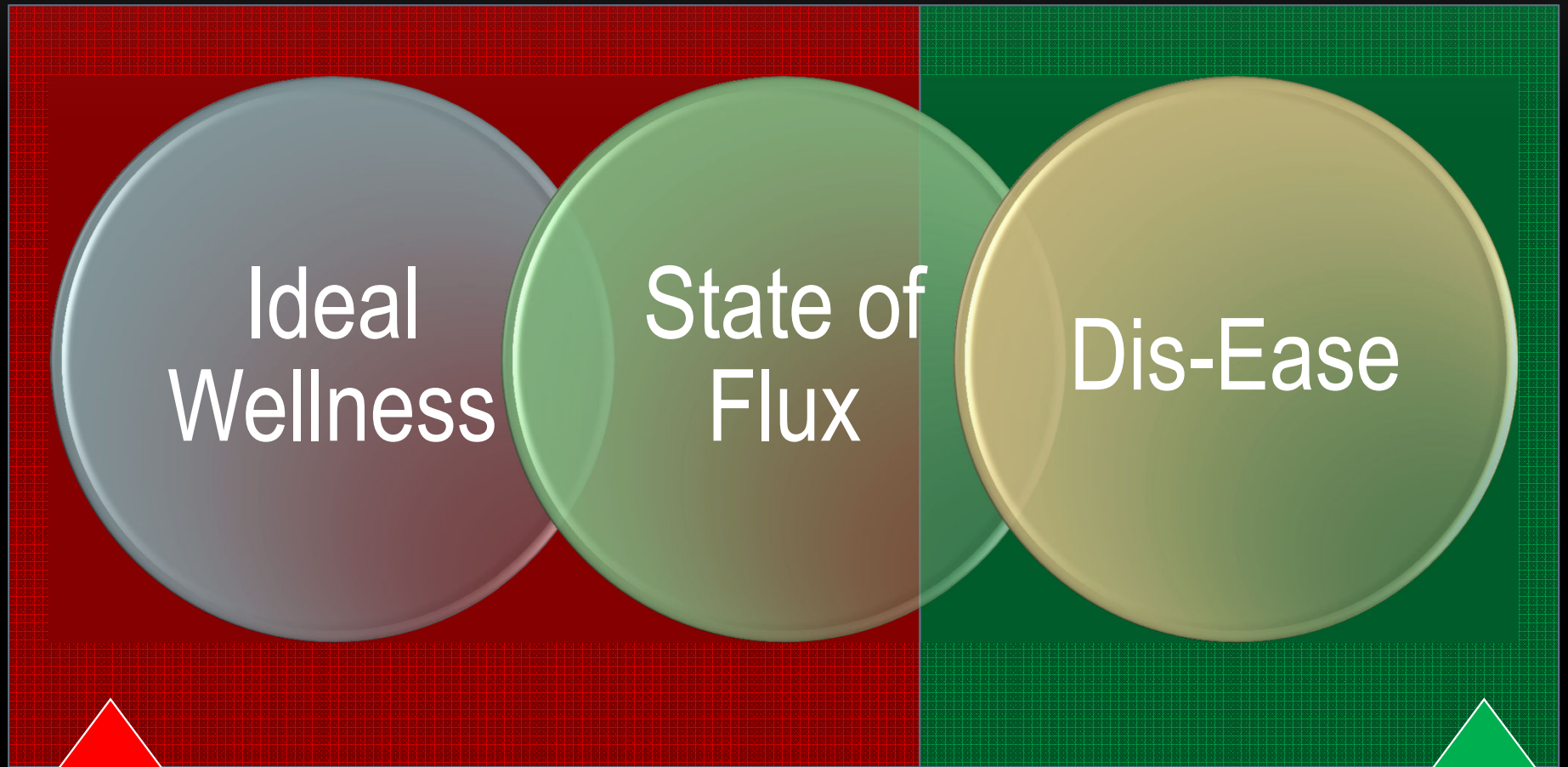
THE SPECTRUM VS. NECESSITY



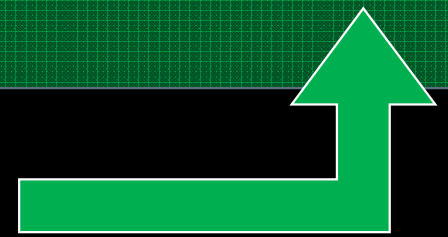
Cash vs. Insurance



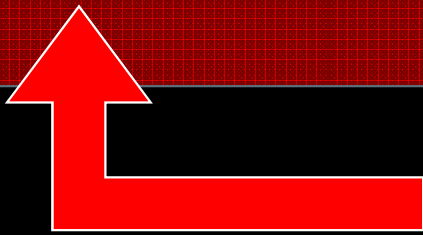
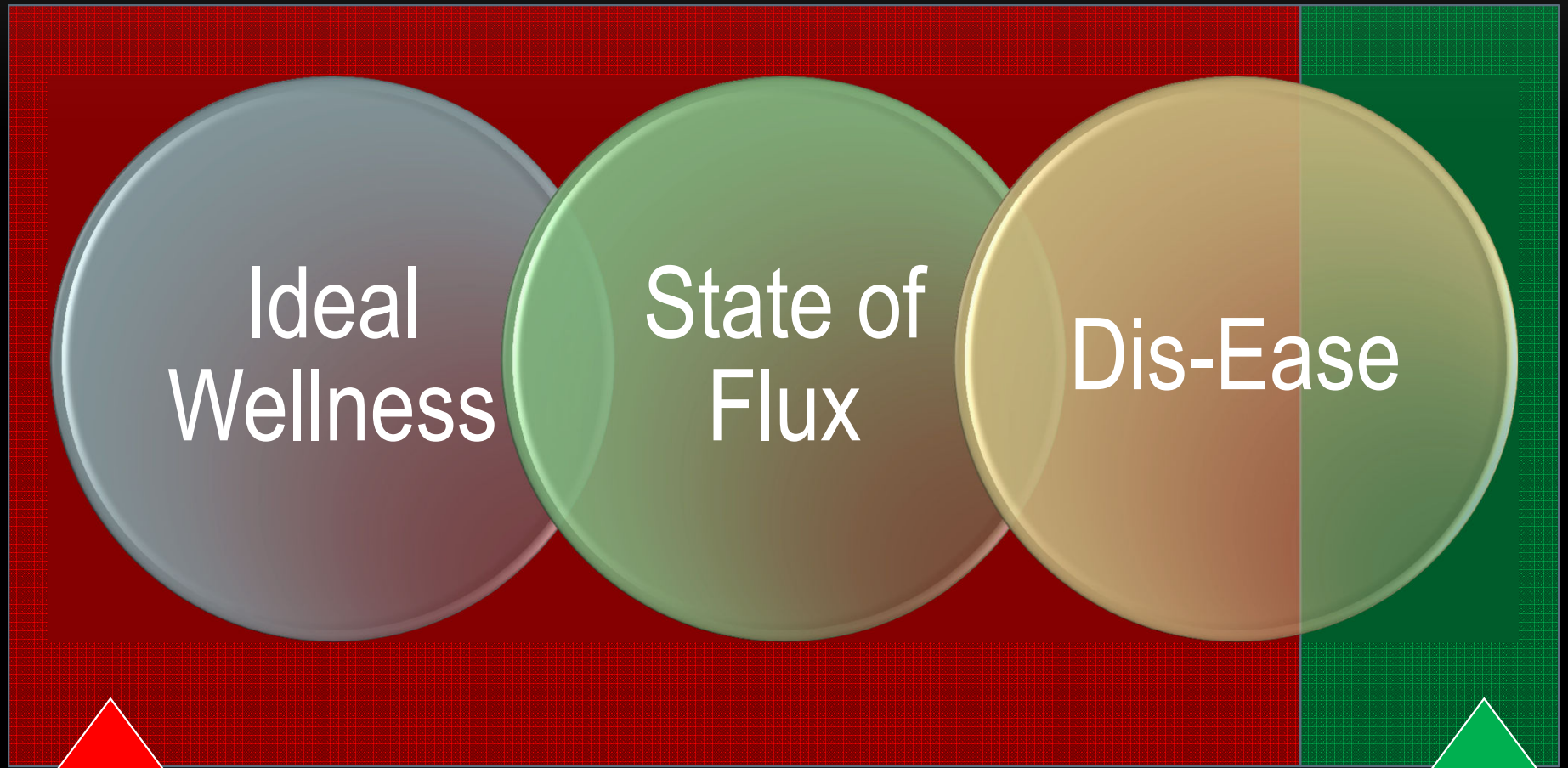
THE SPECTRUM VS. NECESSITY



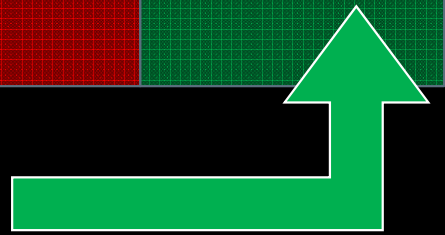
Cash vs. Insurance



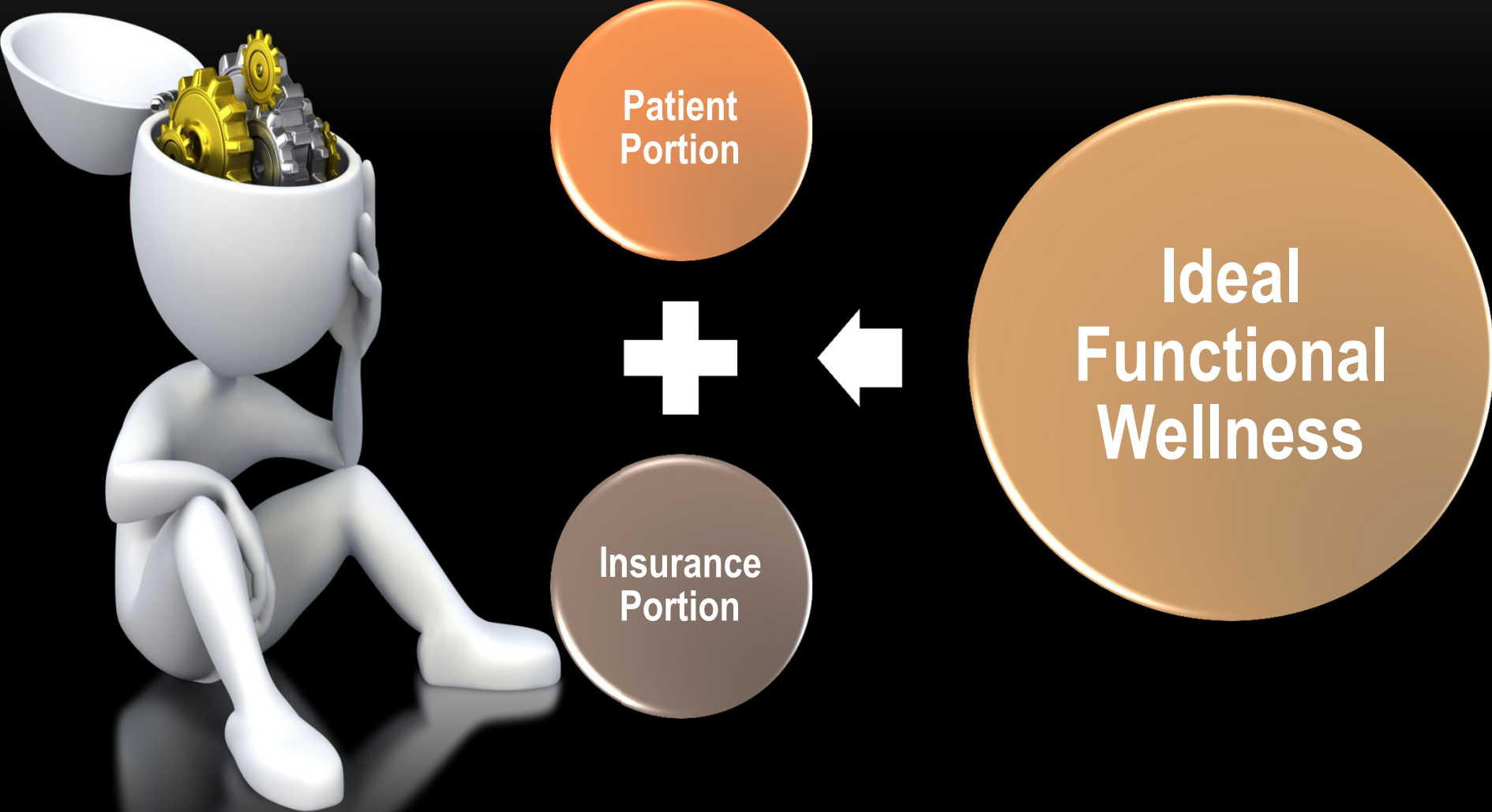
THE SPECTRUM VS. NECESSITY



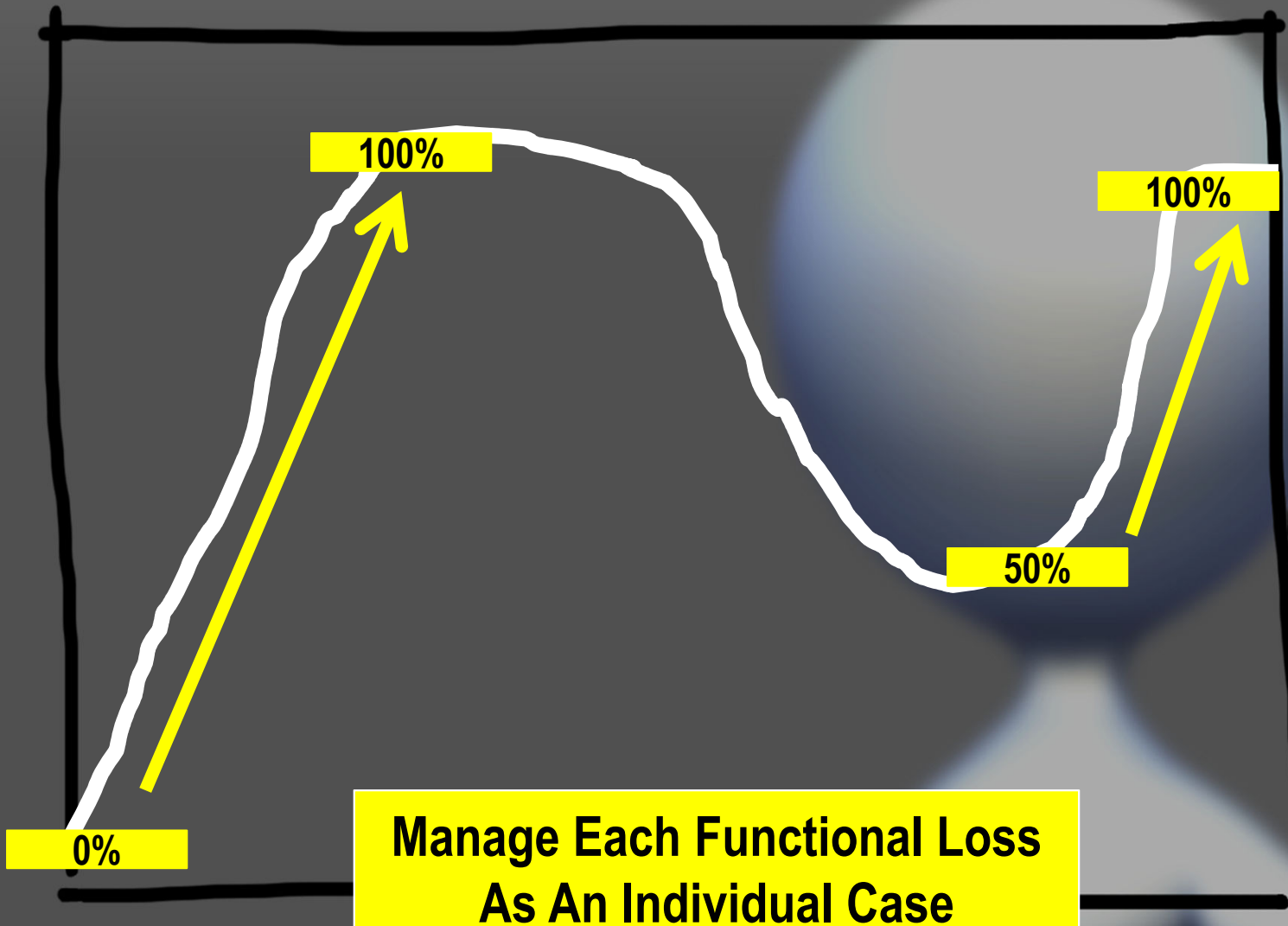
Cash vs. Insurance



MAKING IT FIT OUR MODEL



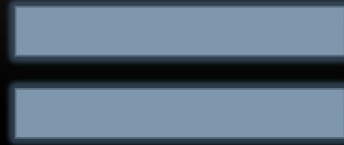
THE TYPICAL PATIENT



**Manage Each Functional Loss
As An Individual Case**

CREATING NECESSITY

Subluxation



-

-

-

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CREATING NECESSITY

Subluxation

Direct Therapeutic
Relationship

-

-

-



CREATING NECESSITY

Subluxation

Direct Therapeutic
Relationship

Functional
Improvement

-

-



CREATING NECESSITY

Subluxation

Direct Therapeutic
Relationship

Functional
Improvement

Medical Necessity

-



CREATING NECESSITY

Subluxation

**Direct Therapeutic
Relationship**

**Functional
Improvement**

Medical Necessity

Audit Proof Income



CREATING NECESSITY

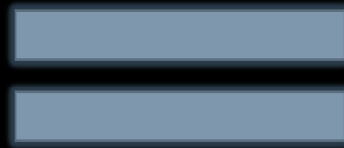
Subluxation

**Direct Therapeutic
Relationship**

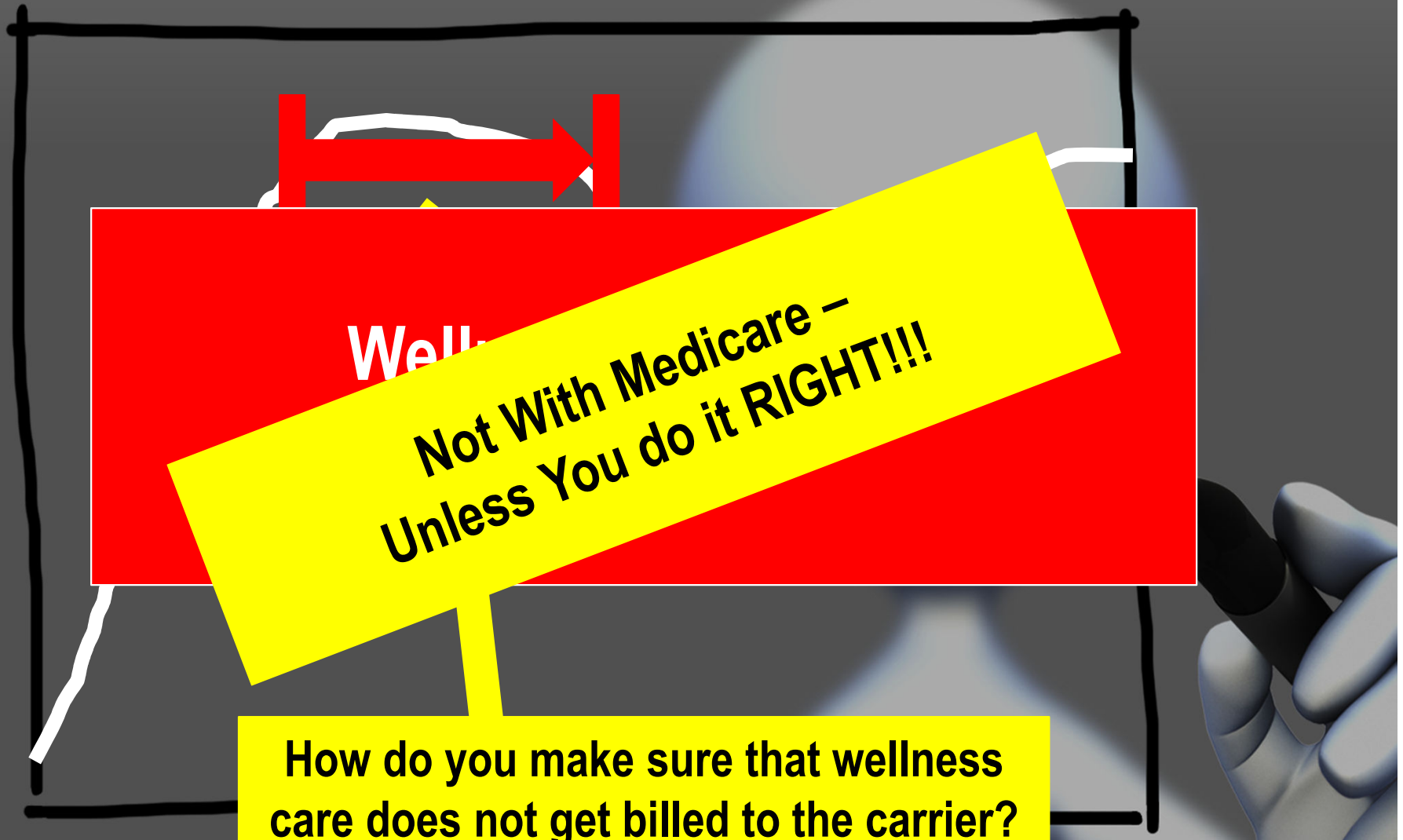
**Functional
Improvement**

Medical Necessity

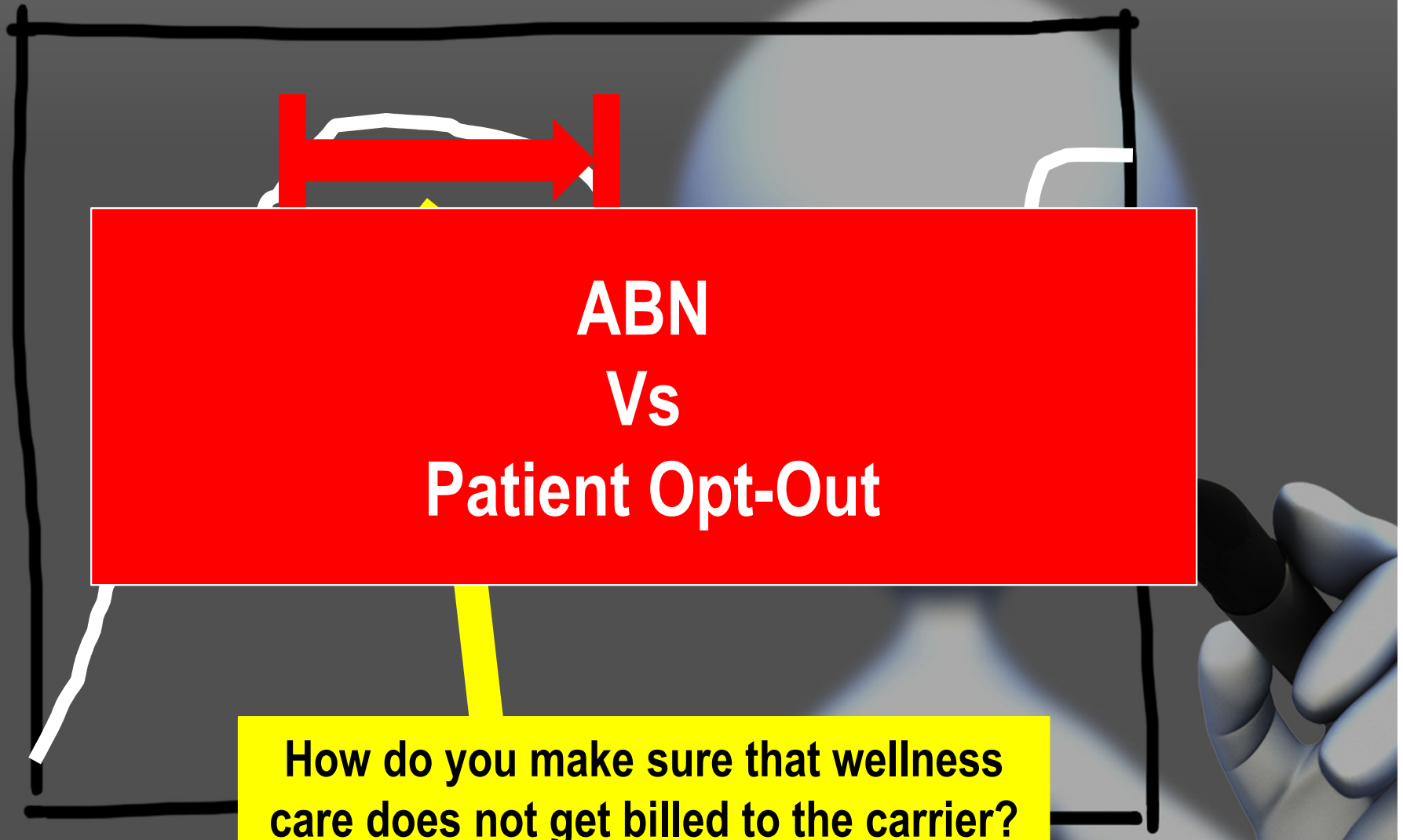
Audit Proof Income



THE TYPICAL PATIENT

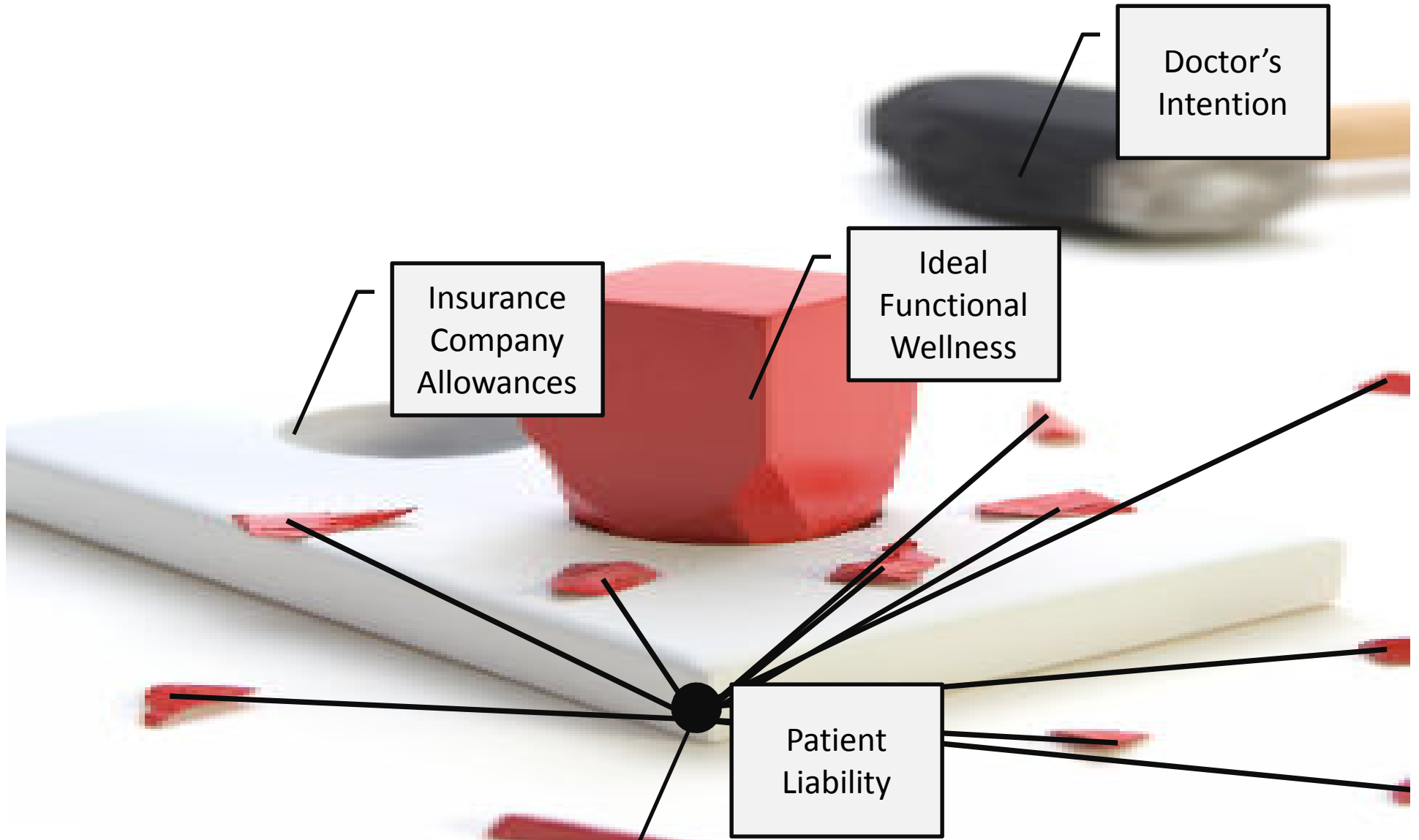


THE TYPICAL PATIENT



HOW DO THEY KNOW TO PICK YOU





BALANCING PHILOSOPHY AND NECESSITY



A look at Subluxations And Insurance