

# Affidavit

Patient's statement "Documenting" Medical Necessity of Care, a sworn statement by "Federal" Documentation Format. **TO THE BEST OF MY KNOWLEDGE THIS FORM MEETS THE REQUIREMENTS OF THE CARRIER.** Peer Qualifications: Lifewest Grad, DC, CCST, Gonstead Technique, Diversified, Thompson, Activator, Peirce, Toggle, Biophysics, Deerfield and Cox. Any review of this claim must follow Theory and Principles with like Peer

## Patient Exacerbation Documentation

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Exacerbation: \_\_\_\_\_ (Any event that the patient has experienced that has affected the patients condition brining pain or discomfort, great or small, in relation to the pre-disposed chronic condition)

Patient's Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of \_\_\_\_\_ Visits

Dr. Keith E. Schulz, DC, CCST

NPI#: 1790882843

\_\_\_\_\_  
Signature

Medicare # AB39093

Dr. ID: 91-1788642

A temporary marked deterioration of the patient's condition due to a acute exacerbation of a predisposed problem. This exacerbation has been clearly documented in the patient's clinical record. There is good likelihood the care will improve the patient's physical and functional status. Both subluxation (by xray) and Medical Necessity of Care have been "documented" (Title XVIII Social Security Act.) It is the intent of this office to follow all Medicare Guidelines to the best of our ability.