

James A. Kneebone D.O.

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The Osteopathic Philosophy/Medical Acupuncture

Osteopathic principles are based on several basic premises;

- Structure (your neuromusculoskeletal system), effects how the body functions on many levels.
- The body has powerful self healing capabilities.
- When the neuro-musculoskeletal system is impaired (due to injury, stress, postural strain, repetitive trauma, etc.), the bodies self healing capabilities do not function optimally.
- One's overall health is a reflection of the state of the body, mind, and spirit.

Dr. James Kneebone is board certified in Family Practice and Neuromusculoskeletal Medicine. He has been in private practice since 1991. He has also completed 300 hours of training in Medical Acupuncture.

In the United States Osteopaths are fully licensed physicians with training equivalent to an M.D. Our training differs in how we approach health and disease. The osteopathic physician is uniquely trained in diagnosing imbalances in the nervous, musculoskeletal, and fluid systems of the body that can contribute to an illness. I use a variety of hands-on techniques to restore balance in these systems. By combining these treatments with specific life style changes, dietary advise, and medication when needed, I can provide you with an individualized plan for recovering your health.

What to expect on your first visit

You should arrive a few minutes before your scheduled appointment.

Please wear loose fitting clothes (sweats, shorts and a T-shirt are great).

This will make examining and treating you much easier.

Please bring reports of recent lab work, x-rays, MRI's and CT scans or check with your primary physician about having them faxed to our office prior to your appointment.

I will ask you questions about your problem and review your health questionnaire. Physical examination will focus on nerve, muscle, skeletal and fluid balances in your body. Manual therapy and/or acupuncture will then be utilized to treat any imbalance. I use a variety of gentle osteopathic techniques including High velocity low amplitude joint articulation, osteopathy in the cranial field, balanced ligamentous techniques, counter strain and muscle energy. I will usually follow-up in 1-2 weeks for further treatment, and subsequently at 3-4 week intervals as needed. The visits will also include dietary, stress management, and exercise advice. Other diagnostic tests and medications may also be recommended. If you have not improved significantly in three visits, I will usually suggest a different therapeutic approach.

No Show Policy

I require 24 hour notification for cancellation of an appointment. I am extremely busy and can usually fill the time if I am notified promptly. There will be a **\$40.00 "no show"** charge for any appointment missed without proper notification. After three missed appointments you will be asked to find another provider.

Insurance

I am a participating provider for most of the major HMO health plans. It is best to call your individual insurance company to verify that you have adequate coverage for the visit. If I am not associated with your insurance company, the office visit will need to be paid for at the time of service. As a courtesy, my office will bill your insurance company so you may be reimbursed.

Referrals

If you are in an HMO plan, you must have a referral from your primary care physician and insurance company at the time of service. Without this information our office is unable to bill your insurance company and you may need to re-schedule your appointment, or you would be responsible for payment at the time of service.

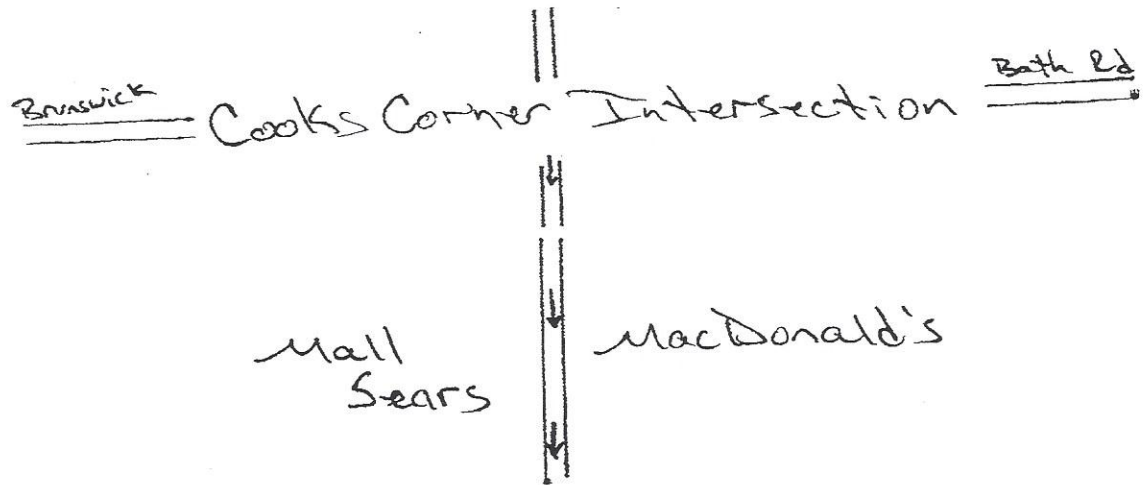
Co-payments and Deductibles

Co-payments and unmet deductibles are due at the time of your visit. If you are unsure of the amount remaining on your deductible you can call you insurance carrier before your appointment. Due to the high cost of sending out monthly statements my office will add an additional \$20.00 to any co-payment or deductible not paid at the time of service. For your convenience my office does accept Visa and Mastercard.

I understand how complicated the world of insurance has become. If you ever have a question please do not hesitate to ask! My office may not have the answer immediately, but we will do our best to find one.

I am sincerely interested in helping you recover your health and look forward to working with you.

Directions



AT THE LIGHTS / INTERSECTION @ COOKS CORNER
GO TOWARDS MACDONALDS

GO APPROXIMATELY 3.5 MILES
YOU WILL CROSS A SMALL BRIDGE
YOU WILL SEE A SIGN **"WELCOME TO HARPSWELL"** (GREAT ISLAND)

ON THE RIGHT YOU WILL SEE A SMALL BLUE SIGN: "A.M. LONGLEY HEALTH CENTER"

FOLLOW THE GUARD RAIL ON YOUR LEFT
JUST AS YOU TAKE THE SMALL BEND IN THE ROAD;
AT THE END OF THE GUARD RAIL - TAKE THE LEFT, THIS IS **INDIAN REST ROAD**

THERE WILL BE A CUT OUT OF A CANOE HANGING ABOVE THE ROAD

2nd HOUSE ON YOUR RIGHT

42 INDIAN REST ROAD

James A. Kneebone D.O.
42 Indian Rest Road
Harpwell, ME 04079

Patient Information (please print)

Date: ____/____/____ Patient's Home Phone: _____ Cell Phone: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Male: ____ Female: ____ Age: ____ Birthdate: _____ Marital Status: _____

Primary Care Physician: _____

Patient Employer: _____ Business phone: _____

Occupation: _____

I prefer to pay today's office visit by: Check _____ Cash _____ Visa/Mastercard _____

Insurance Information

Insurance Carrier: _____

Subscriber Information: _____

Identification Number: _____ Group Number: _____

Address to Submit Claims: _____

****If this is a workman's comp claim the following information must be provided before treatment:***

Date of Injury: _____ Claim number: _____

Employer: _____ Workman's Comp Insurance Carrier _____

Workman's Comp Adjuster: _____ Telephone Number: _____

Authorization to release information:

I authorize the release of medical information to the health insurance carrier concerning illness and treatment. I also allow payment to be made directly to Dr. James Kneebone. I consent to medical treatment and/or evaluation. I also accept financial responsibility for any amount not paid by my health insurance or workman's comp.

Signature

Date

Patient Name _____ Too _____ Date _____

HPI: Circle the number best indicating your pain at its **worst** in the last month or since your last visit:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

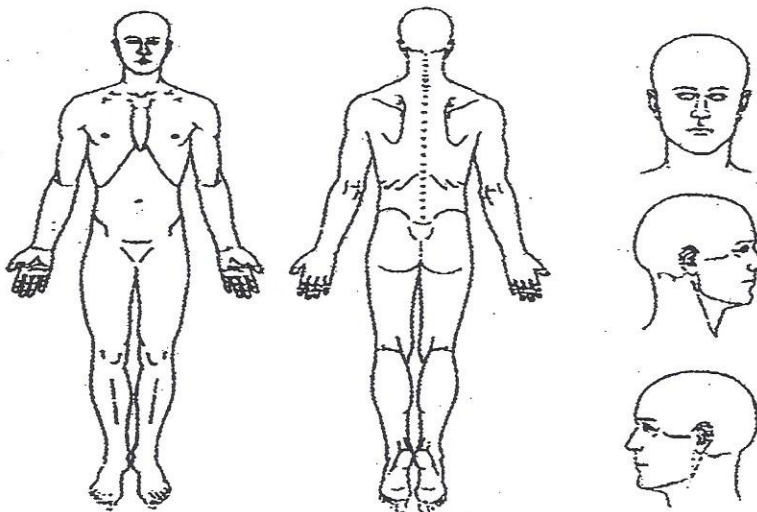
Circle the number best indicating your pain at its **least** in the last month or since your last visit:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Circle the number best indicating your pain **right now**:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

On the diagram below, shade the areas where you feel pain. "X" the area(s) with the worst pain.



Circle the words that describe your pain:

Aching	Shooting
Sharp	Stabbing
Penetrating	Intermittent
Continuous	Gnawing
Tiring	Burning
Tender	Throbbing
Nagging	Exhausting
Tingling	Numb
Miserable	Unbearable

ROS:

Circle how much pain has interfered with your normal activity?

Not at all A little bit Moderately Quite a bit Severely

How would you describe your sleep habits?

Excellent Good Fair Poor

Have you noticed any:

If yes, please explain below:

changes in bowel or bladder function (control)?

Yes No

change in reflux (heartburn)?

Yes No

numbness or tingling in the arms or legs?

Yes No

changes in strength in the arms or legs?

Yes No

PFSH: Do you use tobacco products?

Yes No

What have you been doing for exercise?

Please list any new over-the-counter or prescription medications, supplements or herbal remedies:

Physician: _____ Date: _____

Health Insurance Portability and Accountability Act of 1996 (HIPPA)
A.M. Longley Health Center

Notice of Information Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information.

A.M. Longley Health Center is required by law to protect the privacy of patient information and to provide notice to individuals of our privacy practices. We must abide by the terms of this notice. We reserve the right to change this notice. If we make changes to this notice we will provide patients with a revised notice.

Practice Privacy Policy

At A.M. Longley Health Center your privacy is one of our top priorities. Our physician and staff are bound to honor and respect the patient information entrusted to us. We must commit to protecting your privacy by abiding by the policies we have established. This brochure outlines how we will use or disclose your health information.

Patient Health Care Information use and Disclosure

Your protected health information will be used to treat you, work with your insurance company for payment purposes, and to carry out health care operations. Health care operations may include managing referrals if you are part of a managed care plan. Otherwise, we will not release your health information to other people, unless you specifically authorize us to do so in writing. You may revoke this authorization at any time.

We will contact you in order to carry out efficient healthcare. We may call to remind you of your appointment, or we may send patient education materials to you at home. To review the more comprehensive version of this notice, or if you have any questions about this notice, please contact the office manager at 725-4556. The effective date of this notice is April 14, 2003.

Practice Duties Regarding Your Health Care Information

A.M. Longley Health Center is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices with respect to protected health information. A.M. Longley Health Center is required to abide by the terms of the notice in effect. We reserve the right to change these policies and we must inform you of these changes. We will inform you of these changes when you arrive at our practice for your appointment.

If you have a concern about how your protected health information has been handled by our practice, your complaint will be reviewed by the executive committee. You will receive written notification informing you of the action taken in response to your concern. There will be no retaliation against the patient for filing a complaint. If you feel your complaint is not resolved, you may file a complaint with the secretary of Health and Human Services.

Patient Rights Regarding Health Care Information

The patient has the right to request the practice to restrict use and disclosure of protected health information. A.M. Longley Health Center is not required to agree to the requested restrictions. The patient has the right to receive confidential communications of protected health information. Generally, the patient has the right to inspect and copy protected health information. The patient has the right to request an amendment to protected health information in the practice medical record.

The patient has the right to receive a paper copy of this notice.

Received and understood: _____ Date: _____

REVISED 8/2013