**BACK DISABILITY INDEX Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

\***Must** have accumulative score of **9 points** to qualify for Insurance submittal.

\*All other non-qualifying 8 points and less will not be submitted to insurance and deemed a cash maintenance visit.

It is our goal to only educate and advise you on what insurance companies are looking for when submitting claims. From our experience, we can tell you that insurance companies are concerned with specific information in a very specific order.

To successfully submit your claims for consideration, it is vital that you answer all questions thoroughly. Otherwise, there’s a possibility that your claims will be denied.

It is a fact insurance companies are more concerned about what you say as the patient and not what the doctor states. With that said, the following becomes critical in filling out your initial paperwork and all additional paperwork in an effort to get any future visits approved.

* Be specific with all your ailments no matter how small or large.
* State every symptom you are feeling.
* Zero pain levels will not get your claims paid, so be honest and reasonable with your pain levels. Use the chart that is provided with your paperwork.
* List out how your symptoms interfere with your daily life such as work, home and in your social life.
* It is vital that you keep your insurance company aware of reoccurring problems, symptoms, exacerbated conditions and new injuries large or small.
* Areas of the neck, back, low back, and extremities require symptoms in order to be treated.

**This is strictly an opinion of Strelcheck Chiropractic Clinic and is not in any way shape or form to be regarded as a binding legal statement.**

**Section 1: Pain Intensity**  **Section 6: Personal Care (Washing, Dressing, etc.)**

0 I have no pain at the moment 0 I can look after myself normally without causing extra pain

1 The pain is very mild at the moment 1 I can look after myself normally but it causes extra pain

2 The pain is moderate at the moment 2 It is painful to look after myself and I am slow and careful

3 The pain is fairly severe at the moment 3 I need some help but can manage most of my personal care

4 The pain is very severe at the moment 4 I need help every day in most aspects of self care

5 The pain is the worst imaginable at the moment 5 I do not get dressed, and I wash with difficulty and stay in bed

**Section 2: Sleeping**  **Section 7: Lifting**

0 I have no trouble sleeping 0 I can lift heavy weights without extra pain

1 My sleep is slightly disturbed (less than 1 hr sleepless) 1 I can lift heavy weights but it gives extra pain

2 My sleep is mildly disturbed (1-2 hrs sleepless) 2 Pain prevents me from lifting heavy weights off the floor,

3 My sleep is moderately disturbed (2-3 hrs sleepless) but I can manage if they are conveniently placed, for example, on a table

4 My sleep is greatly disturbed (3-5 hrs sleepless) 3 Pain prevents me from lifting heavy weights but I can manage light to

5 My sleep is completely disturbed (5+ hrs sleepless) medium weights if they are conveniently positioned

4 I can only lift very light weights

**Section 3: Sitting** 5 I cannot lift or carry anything

0 I can sit in any chair as long as I want without pain

1 I can only sit in my favorite chair as long as I like **Section 8: Driving**

2 Pain prevents me from sitting more than 1 hour 0 I can drive my car without any back pain

3 Pain prevents me from sitting more than ½ hour 1 I can drive my car as long as I want with slight pain in my back

4 Pain prevents me from sitting more than 10 minutes 2 I can drive my car as long as I want with moderate pain in my back

5 I avoid sitting because it increases pain immediately 3 I can’t drive my car as long as I want because of moderate pain in my back

4 I can hardly drive at all because of severe pain in my back

**Section 4: Standing** 5 I can’t drive my car at all

0 I can stand as long as I want without pain

1 I have some pain with standing and it does not increase **Section 9: Recreation**

2 I cannot stand for longer than 1 hour without increasing pain 0 I am able to engage in all my recreation activities with no back pain at all

3 I cannot stand for longer than ½ hour without increasing pain 1 I am able to engage in all my recreation activities, with some pain in my back

4 I cannot stand for longer than 10 min. without increasing pain 2 I am able to engage in most, but not all of my usual recreation activities

5 I avoid standing because it increases pain immediately because of pain in my back

3 I am able to engage in a few of my usual recreation activities because of

**Section 5: Walking** pain in my back

0 I have no pain while walking 4 I can hardly do any recreation activities because of pain in my back

1 I have some pain while walking and it does not increase 5 I can’t do any recreation activities at all

2 I cannot walk more than 1 mile without increasing pain

3 I cannot walk more than ½ mile without increasing pain **Section 10: Degree of Pain**

4 I cannot walk more than ¼ mile without increasing pain 0 My pain is rapidly getting better

5 I cannot walk at all without increasing pain 1 My pain fluctuates but overall is definitely getting better

2 My pain seems to be getting better with slow improvement

3 My pain is neither getting better or worse

4 My pain is gradually worsening

5 My pain is rapidly worsening

**FOR OFFICE USE ONLY:**

Score: \_\_\_/50 \***Must** have accumulative score of **9 points** to qualify for Insurance submittal

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