



# Scoliosis Solutions of Minnesota, LLC

Dr. Cory Emberland  
5143 west 98<sup>th</sup> street  
bloomington, mn 55437  
952.881.2800  
wellbloomington.com

division of:  
bloomington *wellness* center

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## Helpful Hints for your Scoliosis Consultation Appointment

Thank you for choosing *Scoliosis Solutions of Minnesota* as a resource for evidence-based conservative information and treatment for scoliosis.

Dr. Cory Emberland has uniquely invested himself into this area of healthcare throughout his 20-year career. It is our hope that your consultation will be the first step toward finding the answers you are looking for related to this common, yet often poorly understood condition – scoliosis.

The path Dr. Emberland took to gain expertise in the conservative, non-surgical approaches to treating scoliosis in children and adults has been diverse and extensive. Early in his career, passionate for the field of pediatrics, he became a Fellow of the International Pediatric Chiropractic Association following a year of study in pediatrics. His expertise in scoliosis specifically developed over many years and took him across the country as he learned from global experts in the field. The *Spine Corporation* from the U.K., *ScoliCare* from Australia, the *Italian Spine Institute (ISICO)*, and various chiropractic organizations rounded off the education he has engaged in over the past two decades of specialization in scoliosis.

Dr. Emberland has extensive experience with manual therapy, specific scoliosis exercises, flexible and rigid bracing and surgical interventions. He is able to offer consultation and treatment for various concerns related to scoliosis for both children and adults.

Tips to maximize your consultation visit:

1. Provide all x-rays one week in advance of your appointment so Dr. Emberland may view prior to your consultation.
2. Bring or wear previously prescribed braces, if any.
3. Bring exercise and treatment instructions that may have been provided.
4. Bring list of doctors and therapists you have worked with; Pediatrician, chiropractor, surgeons, physical therapists, etc. and any treatment directives they may have provided.
5. If physical spine screening, examination, or x-rays have not been conducted prior to your consultation, or you desire any of these to take place during the consultation appointment, please notify staff when scheduling the appointment, as additional time may need to be reserved. Additional fees may also apply.
6. Consultative appointments with Dr. Emberland are \$75/30min. Digital scoliosis screening x-ray are \$85. Full fee schedule available upon request. These services are not typically billable to health insurance companies.

**Please give us a call or send the office a message if you have any questions.  
We look forward to meeting you!**



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## Scoliosis Patient Data Form

Patient Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Referral Source \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F

Reason for Visit \_\_\_\_\_

Other providers for this condition? Y / N If so, who? \_\_\_\_\_ When \_\_\_\_\_

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Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Phone \_\_\_\_\_

Children (name(s) & age(s)) \_\_\_\_\_

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Are you here as the result of an accident? Y / N Accident Date \_\_\_\_\_

Auto / Work / Other \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Phone \_\_\_\_\_

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### Consent to evaluate and adjust a minor child (through age 18)

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_  
hereby grant permission for my child to receive chiropractic care or care for scoliosis.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## HIPAA Form

Patient Name \_\_\_\_\_

### To the Patient – Please read the following statements carefully:

**Purpose of Consent:** By signing this form you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, healthcare and practice operations.

**Notice of Privacy Practices:** You have the right to read our notice of privacy practices before you decide whether to sign this consent. Our notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our notice accompanies this consent. We encourage you to read it carefully and completely before signing this consent.

We reserve the right to change our privacy practices as described in our notice of privacy practices. If we change our privacy practices, we will issue a revised notice of privacy practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our notice of privacy practices, including any revisions of our notice, at any time by contacting:

**Contact Person:** Cory Emberland, DC **Telephone:** 952-881-2800 **Fax:** 612-605-2788 **E-mail:** info@wellbloomington.com  
**Address:** Bloomington Wellness Center / Scoliosis Solutions of MN - 5143 W 98<sup>th</sup> Street, Bloomington, MN 55437

**Right to Revoke:** You will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to the contact person listed above. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this consent form and notice of privacy practices. I understand that, by signing this consent form, I am giving my consent to use and disclosure of my protected health information to carry out treatment, payment activities, health care and practice operations. I also acknowledge that I have received a copy of, and agree to, Bloomington Wellness Center / Scoliosis Solutions of MN's notice of privacy practices.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If this consent is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**You are entitled to a copy of this consent after you sign it.**



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## FINANCIAL TERMS & CONDITIONS

At Scoliosis Solutions of Minnesota, LLC (SSofMN) helping our patients obtain their best possible medical outcome through evidence-based conservative management is our primary goal. The following encompasses important details to the creation of a successful partnership between clients & SSofMN.

### 1. INSURANCE BILLING

- a. All scoliosis specific consultative, diagnosis, treatment, & bracing services are provided by Scoliosis Solutions of Minnesota, LLC a registered MN corporation [EIN: 45-2919635, NPI: 1356621270]. Dr. Cory L. Emberland [NPI: 1588650709] performs all scoliosis & brace related services for SSofMN.
- b. Services offered by SSofMN are not typical chiropractic services. SSofMN is a distinct corporate entity & is an out-of-network provider, as it holds no contracts with any insurance companies.
- c. SSofMN services cannot be billed through Bloomington Wellness Center, PA, nor through Dr. Emberland's in-network chiropractic contracts under any circumstance. Coding for these specialized scoliosis services either do not exist, is not covered, or is not applicable under traditional chiropractic coding.
- d. Billing assistance is provided for the patient to seek reimbursement directly from their insurance provider.
- e. Potential reimbursement from an insurance provider cannot be guaranteed.

### 2. PAYMENT

- a. Payment for services & products must be arranged prior to the time of service as SSofMN is unable to send medical claims on the patient behalf to health insurance carriers.
- b. All brace orders require 50% down payment prior to ordering, balance due on receipt.
- c. In the event cancellation of brace order is made a 10% restocking fee will be deducted.
- d. Refunds are not available on custom braces after final fitting.

### 3. FINANCING

- a. SSofMN does not offer financing directly. CareCredit, a healthcare financing company can be a useful tool for financing or while waiting for possible reimbursement from your insurance carrier.

### 4. APPOINTMENTS

- a. SSofMN clients seeking chiropractic care through Bloomington Wellness Center & utilizing health insurance, are encouraged to see an associate doctor of the practice to avoid conflict of interest.
- b. As a significant amount of the doctors' time is reserved exclusively for your appointment, we ask that you notify the office if you are unable to keep appointments. Missed appointment fee is \$125.

*I have read & understand the statements noted above.*

Patient or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_