

Chiropractic Treatment Plan Form

Important note: The treatment plan for chiropractic care **MUST** be prepared by the chiropractor and signed by the patient's M.D./D.O.

MESSA Member/Patient Information

Member's name	Enrollee ID number
Patient's name	Patient's date of birth (mm/dd/yy)

Treatment Plan

Date of service	Medical diagnosis (ICD-10-code)
Type and focus of treatment to be provided	
Frequency of treatment	Duration of treatment

Chiropractor Information

Name of Chiropractor		Tax ID number	
Address		National provider identification (NPI) number	
City	State	ZIP	Phone
Signature X		Date of signature	

Primary Care Provider Information

Name of M.D./D.O.		Tax ID number	
Address		National provider identification (NPI) number	
City	State	ZIP	Phone
Signature X		Date of signature	

