



Comprehensive, Conservative Care Pathway: ChiroFirst Study

PARTICIPATION AGREEMENT

Clinic Name: _____
(As listed on the ChiroCare Centers of Excellence application)

Clinic Address: _____

By returning this signed Participation Agreement Form, each doctor agrees to the following:

- Maintain adherence to the *Attributes of Excellence in Chiropractic Care Management* as required for the ChiroCare Centers of Excellence (CCoE) designation.
- Provide high-level service and implementing the ChiroFirst conservative care pathway provided by CCMI for participating patients.
- Collect initial and follow-up **Oswestry Disability Index** (version 2.1a) scores within 12 weeks of initial visit for qualifying patients throughout the 12-month measurement period.
- Submit data to MNMCM at required reporting periods as outlined in the Data Submission Guide
- Submit data to MNMCM during the reporting period through an EHR system or by hand-typing and uploading patients' information onto the reporting spreadsheet.
- Cooperate with CCMI audits, as requested, to ensure adherence to program expectations.

Primary Contact Printed Name

Email Address

Phone Number

Participating Doctors:

Doctor #1 Printed Name

Signature

Date

Doctor #2 Printed Name

Signature

Date

Doctor #3 Printed Name

Signature

Date

Doctor #4 Printed Name

Signature

Date

Doctor #5 Printed Name

Signature

Date

Doctor #6 Printed Name

Signature

Date

Please fax this form back to Dr. Vivi-Ann Fischer at 651.389.2009.