

Speaker 1: The process of getting a patient on board starts with contact, right? Email, or text.

Adrian Novak: We do a quick phone screen, first to let them vocalize their pain, and then we can kind of see if they're in the right space.

Dr. Dominika He...: We will ask them to submit some documents, their insurance, their ID, so that we can prepare insurance verification for them so that they know what to expect to pay. I think that's a nice thing to do, most offices don't do that. They show up for their initial consultation and they will meet three people that day. Their first one is going to be a care coordinator who is a liaison between patients and providers, someone who is going to know more about their personal life than any of us. They will ask them a bunch of questions.

Dr. Nolan Lee: We try to talk about the why and set the goals of treatment on that first visit. We really want to know what they're trying to get toward.

Adrian Novak: They're telling us about their pain history and their journey and what took them to this point. And then we're evaluating what it is they need to feel better again. For instance, someone may be in pain picking up their child. This hits home for us. That's a functional goal, we strive on these. However, we might have a professional athlete in here who wants to be able to throw a football again. So it's really not just evaluating pain on a clinical level, we are evaluating them as people and seeing what it is they need to feel normal again.

Dr. Dominika He...: And after that, a nurse practitioner will walk in. The nurse practitioner is trained to pretty much be just like medical doctor. So a lot of other questions specifically pertaining to the pain levels and condition will be asked. A full exam is performed that will include neurological exam, musculoskeletal exam, anything and everything you can think of. And after that, another doctor will walk in, just to ensure that we are all on the same page and there were several brains, so to say, to discuss your condition.

You will then be asked to return for what we call review of findings. And the reason why we do that is because we want to allow ourselves a little bit of time to actually discuss your case, and if any x-rays or additional imaging needs to be taken, we would like to see that as well. We then meet as a team, all of our doctors and nurses, nurse practitioner, and we talk about you. Which I know sounds strange, but we really, really do. And we put all of that together to combine our knowledge and figure out a treatment plan that best suits you.

One of our core values is patients before profits. We will first sit down without even looking at your insurance and say, "This person needs this, this, this, and this, and they should most likely be here for X number of weeks." We will then put together a plan for you, and one of our care coordinators will put a financial plan for you as well, based on your insurance verification, to ensure that

everything is in line and you are okay with your treatment, both your treatment plan and your financial plan.

After that, when you, let's call it sign up, but really decide to stay with us, we will lead every treatment catering to your specific needs and your functional goals, with functional re-exams every five visits, approximately, to ensure we are moving in the right track.