

UCAO Chiropractic Legal Action Fund

To Defend Your Practice; Your Patients; Your Profession and You

In 2015, the UCA hired a Law Firm to challenge the OBCE when they ruled that their eight CE hour ICD-10 & Documentation CE seminar did not qualify for eight clinical CE hours, despite approved previously. Due to that success the UCA decided to challenge four more Board issues and won.

Rate each of the following issues that affect the profession (1 – 10) as to its importance & urgency that you think the UCA should absolutely address, maybe address or should not address legally: (10 being highly important/urgent, down to 1 or 2 - No need):

Represent the **profession** to address **OBCE, their A.G. Liaison & Board attorney** meeting: _____

Represent the **profession** to address **BC/BS Audits & Non-pay of services** ie.E-Stim & Traction: _____

Challenge the OBCE’s lack of due diligence in not re-filing their unanimously agreed upon Injectable Nutrient verbiage, recommended by their A.G. Liaison to “clarify” the Statute in the Board’s 2017 Bill, which the OCA unilaterally and secretly neglected to file: _____

Challenge the A.G. Liaison’s unscientific opinion, thereby convincing the OBCE members to prohibit highly popular PRP (Autonomous Platelet Injection Therapy), despite taught by an accredited Chiropractic College to appropriately trained Certified Injectable DC’s: _____

Other **modality Tx** discussed by the OBCE for potential restriction in our Practice Act _____

Other recommended Chiropractic issues by you (Explain): _____

Print Name: _____ Sig. _____

Important Tax Information: UCA members may deduct their contributions to Oklahoma Chiropractic Legal Action Fund as dues and assessments. Non-members may deduct their contributions to Oklahoma Legal Action Fund as a business expense. However, UCA recommends that non-members first consult their business office Tax advisor for proper classification.

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (_____) _____ Cell #: (_____) _____

Email: _____

Contribution Options: One-time \$ _____; \$10/month; \$25/mo.; \$50/mo.; \$75/mo.; \$100/mo.

Payment Type:

Check attached: _____ Credit Card (circle): Visa MC Discover Amex Debit EFT/ACH(void ck)

Credit Card #: _____ Expiration date: _____ Sec. Code: _____

My signature above authorizes the Unified Chiropractic Association of Oklahoma to debit my credit or debit card account for the one-time amount indicated above or initiate debit entries to my credit card on or about the 15th of each month for the amount designated above. These monies shall be deposited in the UCA’s Chiropractic Legal Action Fund Account and utilized to pay for legal fees & representation only. This agreement will remain in effect unless I notify UCA in writing to cancel the monthly debit.

Signature: _____ Date: _____