



## CHIROPRACTIC ADVOCACY PROGRAM® APPLICATION

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\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
E-Mail Address

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

### Basic Program:

Includes investigations by: \$150.00

- New York State Office of Professional Discipline

– OR –

### Comprehensive Program:

Includes investigations by: \$495.00

- New York State Office of Professional Discipline
- Medicare Quality Improvement Organization
- Medicare/Medicaid Office of Inspector General & State Audit Assistance
- Occupational Safety and Health Administration
- Office of Civil Rights (HIPAA)
- Healthcare Criminal Authorities

**Kern Augustine Conroy  
& Schoppmann, P.C.**

"Attorneys to Health Professionals"

TOTAL ENCLOSED

\$

**PLEASE MAKE CHECK PAYABLE AND MAIL TO:**  
KERN AUGUSTINE CONROY & SCHOPPMANN, P.C.  
1325 Franklin Avenue, Garden City, NY 11530

(800) 445-0954

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\* I hereby acknowledge receipt of and agree to be bound by the terms of the Chiropractic Retainer Agreement