LIMITLESS
REGENERATIVE



NEURAL SCAN SYSTEM

A CLINICAL POWERFUL EASY TO USE NON-INVASIVE SYSTEM FOR EARLIER DETECTION OF TBI AND CHRONIC PAIN

WE HELP YOU GET YOUR CLIENTS THE RECOVERY THEY DESERVE:

PHYSICALLY, MENTALLY, AND FINANCIALLY

After someone experiences an injury, Their internal physical trauma may not always be immediately felt. In fact, injuries to the brain, back, or skull, and those caused by abrupt jerks and shocks including whiplash are not always evident right away. If left untreated, these injuries may lead to severe complications that could have long-term repercussions and lower a person's quality of life.

OVERVIEW

The NeuralScan system is a device designed to help physicians effectively measure and manage memory loss, cognitive impairment, and other stress-related neurological conditions. A neuro-functional physiology report of the results is provided, as well as a memory report including a second opinion, data summary, raw data, and images.

The NeuralScan system is portable, easy-to-use, non-invasive, and pain-free. A physician is not required to operate the device and it is covered by most insurance plans with attractive reimbursements.

The NeuralScan system enables physicians to obtain a collection of the patient's neuro physiological biomarkers, which profile the patient's neurological function. This allows the physician to gain additional clinical information vital to making a well-informed patient-care decision.

NEURO-FUNCTIONAL COGNITIVE ASSESSMENT

Cognitive impairment can occur at any age for a variety of reasons, including: stress, dementia, head injury, sleep disorders, and pain. At the primary care level, current testing lacks the sensitivity and specificity to make accurate patient assessments. Until recently, it has been difficult to objectively assess patients for cognitive impairment due to the lack of specificity.

There is an increased need for physicians to test neuro-cognitive function due to the aging population, the prevalence of stress and pain, and increased awareness of the impact of head injuries on cognition. Cognitive symptoms can occur outside of normal age-associated memory loss. When assessing a head injury, physicians must be sure to accurately assess brain function in order to avoid legal repercussions. Without proper diagnosis, a head injury can have a severe negative impact on patient outcomes. Patients that are cognitively impaired can present with symptoms of confusion, forgetfulness, "brain fog," and functional impairment.

The NeuralScan system enables the physician to quickly and objectively assess cognitive impairment in the office in order to aid in the diagnosis of causative conditions. As the population ages, the prevalence and impact of cognitive impairment can have a significant effect on individuals, families, and society as a whole, A decline in cognitive abilities is now believed to be a process that occurs over 20 to 30 years, eventually leading to poor cognitive outcomes. Cognitive testing as early as the age of 45 can be beneficial. Current paper-based assessments used in primary care have difficulty determining the dementia subtype, resulting in less successful treatment outcomes. As many as 86% of deceased patients suffering from dementia were misdiagnosed with Alzheimer's Disease. The NeuralScan system can help assess patients up to 15 years prior to the onset of symptoms. Early detection of cognitive disorders allows for quicker treatment of the associated causes, such as nutritional deficiencies, stress, thyroid problems.





A Lack of Medical Evidence

Unlike severe injuries, which can be seen with medical imaging such as CAT scans, X-rays, and MRIs, healing complications such as inflammation and immune response are less apparent and difficult to foresee.

- May Improve clinical outcomes through early, objective assessment
- Quick and easy functional assessment in the office
- Uses ANS/HRV, EEG, and ERP biomarkers

CHRONIC PAIN

Even perfect documentation of these injuries doesn't necessarily prove a devastating type of affliction that's all too common, and often difficult to demonstrate: chronic pain. Our NeuralScan system can quantify signs that chronic pain may be present, bringing a solution to a problem that hasn't been possible until now.

- Assesses pathology and Neuro/ANS effects in patients suffering from chronic pain

TBI/CONCUSSION

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. Assessment usually includes a neurological exam. This exam evaluates thinking, motor function (movement), sensory function, coordination, eye movement, and reflexes. Imaging tests, including CT scans and MRI scans, cannot detect all TBIs. Our NeuralScan system is a FDA approved device. While other imaging devices only see structural damage, our system can quantify TBI/Concussion and many other hard to detect injuries. Our board certified Neurologist who's been practicing 40+ years in PI/Worker's Comp serves over-reads on every scan Medvinci Diagnostics does.

MENTAL ANGUISH

These types of injuries are normally diagnosed by a psychologist who may need to give testimony to validate and explain the impact on the victim. Psychological damages are often classified as forms of pain and suffering. To prove emotional distress as an injury, you need to be able to demonstrate cause and effect. This may mean documenting changes to your regular daily routines, submitting letters from friends, colleagues and your employer, and providing proof of any medical treatment you've sought for your symptoms. Using our diagnostic tool you can quantify signs of depression, anxiety, and other mental anguish.

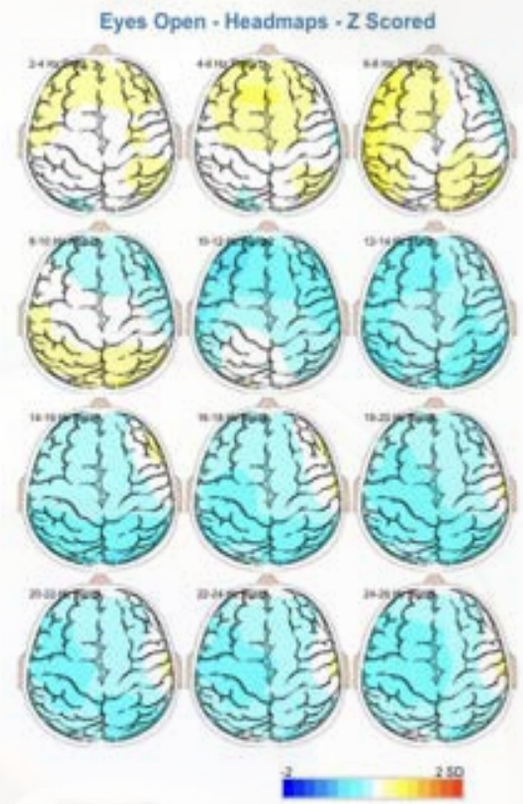
Information Processing/Working Memory	460 ms	P3b < 420	280 400 520 A A A B C D E F 280 400 520

	Score	Norms	
Reaction Time	478 ms	350 - 500	A A C D E F 300 500 700 900
Reaction Time Variance	9.7 ms	< 10	A A C D E F 0 10 20 30
Missed Responses	3.3 %	<=6	A A C D E F 0 6 12 18
Wrong Responses	27.9 %	<=4	A A C D E F 0 4 8 12

Key Findings

Dementia

Impaired Memory Symptoms



PHYSICIAN SUMMARY – KEY FINDINGS

Normal response time to visual and cognitive stimulus.
Normal level of focus and cognitive processing capacity.
Impulsivity or poor visual discrimination. Responding to a stimulus incorrectly (commission errors) can occur as a result of impulsivity but also from poor visual discrimination. Possible signs of Questionable Comprehension of Task; Possible signs of Concussion / Brain Injury;

Delayed P3b latency under go-nogo condition. Reduced neuronal capacity associated with cognition, information processing and working memory.
Low working memory scores reflect an inability to categorize stimuli, problems with information processing, parietal lobe dysfunction, inattention, lack of focus, cognitive decline, concussion/brain injury. Possible signs of Cognitive Decline Due to Aging; Possible signs of Working Memory Deficiency; Possible signs of Parietal Lobe Dysfunction; Possible signs of Temporal Lobe Dysfunction;

Normal level of theta frequencies central brain activity.
Normal level of beta frequencies central brain activity;

Normal peak alpha frequencies have been correlated with good information processing capacity and semantic memory.
The 'Alpha Arrest Reaction (ARR)' was not clearly present at occipital electrode sites. This is caused by an absence of dominant Alpha activity during the Eyes Closed condition and the presence of dominant Alpha activity during the Eyes Open condition.
The absence of a clear ARR can be related to impaired vigilance regulation: The patient is either hypo- aroused, resulting in abnormally high Alpha power during the Eyes Open condition, or the patient is hyper - aroused.

Alpha right hemispheric dominance.

Possible signs of Dementia (2 of 5); Possible signs of Impaired Memory Symptoms (2 of 5);

Physician Summary is provided by NeuroWave.com and is based solely on the BrainView electrophysiology biomarkers and existing medical literature. Clinical suggestions are made without knowledge of the patient's conditions, medications, or other medical lab values.

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PATIENT REFERRAL FORM

- can also be completed on our website

PATIENT INFORMATION (information in RED is required)

Date

Patient Name

Patient Phone #

Gender

M ☐ F ☐

Date of Birth

Commercial Policy

Yes ☐ No ☐

Firm Name & Phone#

Referring Physician Name

Referring Physician Phone#

Person Submitting Form Name & Phone#

Person Submitting Form Email

Preferred Pharmacy Name & Phone #

PATIENT PREFERRED LANGUAGE

- ☐ English
- ☐ Spanish
- ☐ Other

If available, please also send: 1. Clinical Notes
2. Imaging Results

REASON FOR REFERRAL

Assessment CPT Code(s)

☐ 96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional. including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family members or caregivers when performed; first hour. (LCD)

☐ 96138 - Psychological or Neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes

☐ 96139 - Psychological or Neuropsychological test administration and scoring by technician, two or more tests, any method, each additional 30 minutes

☐ 95816 - EEG recording including awake and drowsy (No LCD)
☐ 95957 - Digital EEG analysis (No LCD)
☐ 95930 - Visual evoked potential (VEP) testing (LCD)
☐ 92650- Auditory evoked potentials (If they only have Medicare and no secondary-this may not pay)
☐ 92653 Neurodiagnostic Report
☐ 93040 - Rhythm ECG, 1-3 ECG leads with interpretation and report

Date of Injury

Diagnosis Code(s)

Group 1: 96132, 96138 & 96139 (LCD)

☐ F01.50 Vascular dementia without behavioral disturbance.
☐ F31.0-F31.9 Bipolar disorder, current episode hypomanic- F 31.9 Bipolar disorder, unspecified
☐ F32.0-F33.9 Major depressive disorder, single episode mild -F33.9 MD recurrent unspecified
☐ F41.9 Anxiety disorder, unspecified
☐ R41.0 Disorientation, unspecified
☐ R41.3 Other amnesia
☐ R41.82 Altered mental status, unspecified
☐ R41.840 Attention and concentration deficit
☐ R41.89 Other symptoms and signs involving cognitive functions and awareness
☐ R47.02 Dysphasia
☐ R47.81 Slurred speech
☐ R47.89 Other speech disturbances
☐ R47.9 Unspecified speech disturbances
☐ G20 Parkinson's Disease
☐ G31.84 Mild Cognitive Impairment
☐ G35 Multiple Sclerosis
☐ G40.89 Epilepsy
☐ G44.209 Tension-type headache, unspecified, not intractable
☐ G47.31 Primary central Sleep apnea
☐ G47.33 Obstructive sleep apnea
☐ G47.52 - REM sleep behavior disorder
☐ G89.21 Chronic pain due to trauma
☐ G89.4 Chronic Pain Syndrome
☐ G89.29 Other chronic pain
☐ S06.0XX Concussion codes (refer to full list)

Miscellaneous Notes