

Patient Billing Acknowledgement Form

____ Non-Covered Services

- Under your health plan you are financially responsible for co-payments, coinsurance or deductible for covered services. You are also financially responsible for all non-covered services as defined by your health plan contract.
- Non-covered items in our office include Biofreeze, pillows, ice packs and supports.
- Your acknowledgement below indicates that you have been advised of this information and you agree to pay for the listed services or products if received.

____ Maintenance/Elective Care

- Under your health plan, you are financially responsible for co-payments, coinsurance or deductibles for covered services. You are also financially responsible for non-covered services, including care determined to be elective or maintenance.
- Maintenance/Elective care is treatment that does not significantly improve a clinical condition. While being treated for a chronic condition, you may elect to receive care beyond that which is determined to be medically necessary.
- You may also choose to receive maintenance care once maximum benefit from treatment has been reached.
- If, during the course of Maintenance/Elective Care, you develop a new condition or a previous condition becomes significantly worse, care may no longer be considered Maintenance/Elective and may then be covered by your health plan. Your provider must submit a request for insurance coverage.

P R O V I D E R	<p><i>Services to be provided are listed below:</i></p> <p>[] Manipulation [] Therapy [] Other</p> <p>Time frame from _____ through _____</p> <p>Schedule/details _____</p> <p>Provider Signature: _____</p>
P A T I E N T	<p>I _____, acknowledge that I have been told in advance by Patient Name-Printed or Typed</p> <p>my provider that the services listed above are not covered by my Health Plan and that they meet the above definition of non-covered maintenance/elective care. I agree to pay for these maintenance/elective services.</p> <p>Patient/Guardian Signature _____ Date _____</p> <p>_____</p>