performancehealth
SPINE & SPORT THERAPY

MEDICARE NON-COVERED SERVICE WAIVER FORM

Private insurance will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. If your insurance company determines that a particular service or treatment is "not reasonable and necessary" under Medicare program standards, then they will deny payment for that service or treatment unless explicitly stated that the service or treatment would be otherwise covered. Under these circumstances, these charges are the patient's responsibility. Please refer to your insurance coverage documents for detailed information.

NON-COVERED PROCEDURES/TREATMENTS AND ESTIMATED FEES

All patients will be responsible for the following **required**, non-covered fees:

- Examination fees — approx. $94 to $110 for initial visit
- Active Release Techniques treatment — $20 per visit, at visits 2 and beyond

Treatments that are dependent on a patient's condition, diagnosis, and physician recommendation include:

- Extremity Conditions treatment — $50 per visit, as needed for treatment of extremities
- Maintenance (Non-Acute) Treatment — $55 to $160 per visit, based on treatment provided
- Corrective Exercise — $45 for 30 minute session, $90 for 60 minute session
- Dry needling — while not covered, there is no charge to you for this service
- Kinesio-taping — while not covered, there is no charge to you for this service

PATIENT AGREEMENT

I understand that my insurance company does not cover the services listed above. I agree to be personally and fully responsible for any charges related to the services listed above regardless of the insurance company's determination of benefits.

Printed Patient Name Signature Date

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