performancehealth
SPINE & SPORT THERAPY

# TUFTS NON-COVERED SERVICE WAIVER FORM

**Provider Statement**: The purpose of this waiver form is to inform Tufts Health Plan members, before they receive a medical service, that the service(s) listed below is a non-referred or not medically necessary or experimental/investigative service. By signing this form, I the provider acknowledge and agree that I have explained to the member that the service(s) listed are not covered by the health plan.

Dr. Brett Coapland: 1518090984 / Dr. Kanoa Pornelos-King: 1902294036

Provider Signature Date

## NON-COVERED PROCEDURES/TREATMENTS AND ESTIMATED FEES

Patients will be responsible for the following, non-covered fees:

- Active Release Technique (ART) Therapy — $20 per visit

- 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

- 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 STATEMENT AND AGREEMENT

I have been informed by the provider indicated above in advance that the service(s) listed above that are not medically necessary or are experimental/investigative are not covered. I understand and agree that I am responsible for payment of the provider's charges for these services to the provider of service.

Printed Patient Name Patient/Guardian Signature Date

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