

Insurance Notice of Non-Payable Services

Patient Name: _____

Some insurances do not pay for all services and items provided in this office even though we have a good reason to think you need them. Some insurances only pays for covered services and items (Specifically Spinal Manipulations by Chiropractor). The below services and items are sometimes non-payable under some insurances when delivered and/or ordered by a Doctor of Chiropractic and you will be responsible to pay for them not the your insurance company:

- Chiropractic Examinations
- Chiropractic X-Rays
- Chiropractic Extra-Spinal Adjustments
- Chiropractic Modalities/Therapeutic Procedures
- Lumbar Braces
- Orthotics
- TENS
- Vitamins
- Home Use Cervical Traction and/or Therapeutic Exercises
- Other: _____
- Other: _____

Patient Acknowledgement:

I acknowledge that I have been told in advance that the services and items listed above are non-payable by some insurance companies and I agree to pay for these services and items at the time of the service or item(s) is provided.

Patient Signature: _____

Date: _____