

**Acknowledgement of Non-Insurance Coverage for Services Rendered**

I agree, and it has been explained to me, that the following services performed at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are not generally considered and accepted with respect to insurance coverage.

* IV / Injection services and supplies
* Any supplements such as botanicals, homeopathics, nutraceuticals, etc.
* Other supplies such as Kinesio Tape, etc.

Usual and customary Evaluation and Management or other medically necessary services may be billable to my insurance, but IV / Injection services and supplies, supplements and other supplies such as Kinesio Tape cannot be billed.

I understand that this requires my payment in full for all IV / Injection services, supplies, supplements and I additionally understand that I may not attempt to bill my own insurance company for any of these services. Insurance deems these therapies investigational/experimental.

Patient’s Name – Please Print Date

Patient’s Signature Date

Physician’s Name – Please Print Date

Physician’s Signature Date