biologic
INTEGRATIVE
HEALTHCARE LLC

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 the service or treatment would be otherwise covered. Under these circumstances, a bill is not submitted to your insurance company and these charges are your responsibility.

NON COVERED PROCEDURES AND TREATMENTS

- Most functional medicine laboratory studies, including Food Allergy Testing, IgE, and IgG. Check with your insurance company. We can provide you with the relevant code information if you would like to submit for reimbursement.
- Vitamin/mineral intravenous therapy materials
- Intramuscular injections of minerals, vitamins and/or botanicals such as B12 (J3420), B Complex(J3420).
- Nutritional supplements and Botanical products.
- Acupuncture
- NAET Allergy treatments.
- REIKI
- B.E.S.T.
- Thermography
- Massage
- Cranio-Sacral Therapy
- Other:_____

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PATIENT AGREEMENT

I understand that the service checked above is not covered by my insurance company; who will deny payment. 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.

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Printed Patient Name Signature Date