<u>NON-COVERED DURABLE MEDICAL EQUIPMENT</u>
<u>ADVANCE NOTICE</u>

Rocklin Physical Therapy, Inc.

Patient Name ____

Insurance Company ____

PROVIDER STATEMENT

Dear Patient:

During the course of your physical therapy treatment, it may be necessary to dispense durable medical equipment (supplies). Your insurance company may not cover these charges. We will gladly bill your insurance company; however, in the event that they do not pay, you will be responsible for payment. Some of the supplies, which may be dispensed, include:

Electrodes ($9.98 per pkg) Theraband ($2.75/unit) Tape ($2.25/ft)**

***If you would like to purchase a box of tape, please inquire with front desk for pricing.*

In addition, it has come to our attention that some insurance companies will not pay for iontophoresis. In the event that your physician/physical therapist recommends that you receive this treatment, and your insurance company denies payment, you will be charged $10.00 per treatment, in order to cover our cost for the supply and administering the treatment. ***We encourage you to speak with your therapist if you are unsure as to whether your treatment will include iontophoresis.***

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PATIENT AGREEMENT

I have been notified by my provider that my insurance company may deny payment for the supply(s) identified above. I agree to be personally and fully responsible for payment in the event that my insurance company denies payment. I further understand that if my insurance pays only a portion of the charge for the supply, I will be billed for the difference.

_____ _____

Signature of Patient (if minor, parental signature) Date