



Unbroken Body Chiropractic
 1280 Diamond Way
 Concord CA 94520

**Advance Notice of
 Patient Responsibility for Non-Coverage**

Insurance coverage is an optional agreement between you and a private company, or a required agreement between Medicare/ Medicaid. Insurance may require a referral, and is the patient's responsibility to request a referral from their primary provider.

We will submit claims to your insurance on your behalf, or issue you a super bill upon request. Insurance payments are delivered directly to this office. Any monies received from insurance payments will be refunded or credited, at patients discretion, to your account for future care.

Insurance coverage of Chiropractic services is a limited benefit. Insurance may reduce some or all of the cost of your visit.

The coverage is limited to manual manipulation for the treatment of subluxation, other treatments are commonly labeled *not Medically Necessary, non-covered, adjunctive, or all inclusive*.

Contracting health care professionals are prohibited from charging patients for any service that is determined by the insurance to be *not Medically Necessary, non-covered, adjunctive, or all inclusive* unless the patient specifically agrees in advance of the service to be financially responsible.

Our flat rate pricing includes these additional services listed below. Insurance coverage commonly does not include the services listed below.

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|--------------------------------------|---|
| Office Visits (history and physical) | Selective Functional Movement Assessment® |
| Functional Movement Screen® | Active Release Techniques® Rapid Release® |
| Fundamental Capacity Screen® | Instrument Assisted Soft Tissue Management (Smart Tools®) |
| Physiotherapy | Cupping Supplies Massage |
| Deep soft tissue adjustment | |

Referral Services

- | | | |
|---------------------------|-------------------------|------------------|
| X-rays | Orthopedic devices | Physical culture |
| Diagnostic studies (EKGs) | Nutritional supplements | Traction |

I understand that a contracted provider may not charge me for a service determined to be *not Medically Necessary, non-covered, adjunctive, or all inclusive* unless I have specifically agreed to pay for it by signing below. I also understand that the provider and/or I may appeal any determination that a service is *not Medically Necessary, non-covered, adjunctive, or all inclusive* by filing a grievance or appeal with insurance. I understand that I am financially responsible for payment to the provider, even though the service may not be shown on my Explanation of Benefits (EOB) as my financial responsibility.

By signing below, I agree to pay Unbroken Body LLC. the agreed flat rate for services that may be determined as *not Medically Necessary* or otherwise *not a covered benefit* or excluded from compensation from a third party.

Patient/Legal Guardian Signature