

New Core Wellness Physical Therapy & Acupuncture

Dear Patient,

This letter is written to inform you that Physical Therapy, Acupuncture is not a covered benefit under your health insurance plan or there is a possibility for a medical necessity review. On that basis, Physical Therapy and Acupuncture will not be billed to your health insurance and you are fully responsible for this procedure.

Self-Pay Packages available:

| Visit # | Price | Supply Fee | Total |
|---------|-----------|------------|-------|
| 1 | \$90 each | \$10 | \$100 |
| 5 | \$80 each | Waived | \$400 |
| 10 | \$70 each | Waived | \$700 |

If you choose to continue with this procedure, please sign and date below.

I have read, understand, and agree to proceed with Physical Therapy and Acupuncture. I understand that this service is not covered by CareFirst and New Core Wellness Physical Therapy & Acupuncture will not bill my insurance. I authorize New Core Wellness Physical Therapy & Acupuncture to bill me directly.

Date

Signature

Printed Name