

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 health insurance 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