



Patient's Name: _____

Date: _____

Your insurance company may not pay for the item(s) or service(s) that are described below. Most insurance companies do not pay for all of your health care costs. The fact that your insurance company may not pay for a particular item or service does not mean that you should not receive it. There may be good reason for your doctor/therapist to recommend it. Right now, in your case, **your insurance company may not pay for:**

- Iontophoresis pads
- Iontophoresis treatment
- Dressing change supplies
- Silicon gel
- Tape/ Coban
- Home exercise equipment
- Wound debridement
- Theraputty
- Tubigrip
- Stockinette
- Electrodes
- Digisleeve
- Ice packs

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Before you make a decision you should read this entire form.

- Ask us to explain, if you don't understand why your insurance company might not pay.
- Ask us how much these items or services will cost you in case you have to pay for them yourself.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN AND DATE YOUR CHOICE.

Option 1: **YES**, I want to receive these items or services.

I understand that my insurance company will not decide whether to pay unless I receive these items or services. Please submit my claim to my insurance company. If my insurance company denied payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have.

Option 2: **NO**, I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to my insurance company and that I will not be able to appeal your opinion that my insurance company won't pay.

Date

Signature of patient or person acting on patient's behalf