



PATIENT CONSENT FOR NON-COVERED SERVICES

Not all services are covered by your health plan policy. All services must be medically necessary care, as defined by CHP's Professional Services Agreement and reimbursed by your health plan. All services provided to you are subject to co-pays, deductibles, co-insurance, and prior approval in some cases. For all services covered under the provider's contract, the provider cannot bill the patient for the difference between billed charges and what the health plan reimburses the provider.

Certain services are not considered medically necessary by your health plan. They may be helpful to you, but the terms of your plan do not pay for these services. These non-reimbursable services and/or supplies are typically the responsibility of the patient.

Listed below are the services not covered under your current health plan contract but considered an essential part of your holistic assessment and treatment.

A combination of one or more of the following as deemed necessary by your provider:

- Infrared heat therapy
- Chinese herbal medicine prescriptions
- Manual therapy and/or massage
- Cupping, moxa and/or guasha
- Press tacks or ear seeds
- Therapeutic exercises
- Nutritional and/or lifestyle recommendations
- Prolonged treatment and/or evaluation & case management time
(an appointment in excess of 45 min)

**The fee for these non-covered services is \$25
and will be charged at the time of service in addition to your copay.**

I, _____, a patient of the North Portland Wellness Center, acknowledge and agree that part of my care is not a covered benefit of my health plan. I acknowledge and understand that I will be financially responsible for this part of my treatment. I have been advised the recommended services will not be covered by my health plan and I will be solely responsible for payment of the recommended services.

By signing this document, I am agreeing to pay for these services and charges prior to such services being rendered. I understand this is not an ongoing agreement but is specific to the services rendered at the North Portland Wellness Center for the treatments received between 1/1/2025 to 12/31/2025.

Patient Signature: _____ Date: _____