

Tirsch & **L**owenberg **C**hiropractic
Doctors of Chiropractic
6400 Canoga Avenue, Suite 333
Woodland Hills, CA 91367
(818) 703-8480 Fax (818) 703-9125

ADVANCE NOTICE OF DENIED INSURANCE SERVICES

Your insurance company will only pay for services that it determines to be “Reasonable and Necessary”. In some circumstances insurance will not approve nor pay enough to cover the basic cost to provide the following services/supplies.

Tool Assisted Soft Tissue Therapy	\$40 fee
Kinesiology Taping	\$15 fee
Athletic Taping	\$15 fee per ankle, knee, shoulder or elbow
Pain Patch	\$5 fee
Exercise Instruction.	\$40 fee per ½ hour
Exercise Equipment	(Foam roller, balance ball)
Instructional Materials.	\$30 fee
Disability Forms	\$50 to \$75 fee
Correspondence	\$10 per page Plus \$5 per page for faxing
Copy Records:	\$25 up to 10 pages plus \$5 per page for faxing

Beneficiary Agreement:

I have been notified by Dr Tirsch and Dr. Lowenberg's office staff that they believe that, in my case, my insurance is likely to deny payment, or not pay enough, for the services stated above. If my insurance denies payment, or does not pay enough, I agree to personally and fully be responsible for payment.

Patient Signature

Date

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