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Memorandum of Understanding for Non-Covered Services

Introduction:

This memorandum is being provided to you specifically for items and/or services that our office believes will **not** be covered by your health care carrier. Upon verification of benefits either online or via telephone with your health care carrier it is our understanding that the items and/or services checked off in Section II below are not going to be covered when performed in this office by our providers.

Items / Services Not Covered:

Fee Range:

<input checked="" type="checkbox"/> Examinations	\$120.00 to	\$187.00
<input type="checkbox"/> X-Rays	\$ N/A to	\$ N/A
<input checked="" type="checkbox"/> Therapies / Modalities	\$25.00 to	\$
<input checked="" type="checkbox"/> Pelvic Stabilizers / Orthotics	\$50.00 to	\$300.00
<input checked="" type="checkbox"/> Nutrition / Vitamins / Minerals / Supplies	\$5.00 to	\$100.00
<input checked="" type="checkbox"/> Maintenance Chiropractic Adjustments*	\$90.00 to	\$
<input type="checkbox"/> Other _____	\$ to	\$

Time of Service Discounts:

Our office is able to offer a time of service discount. This discount can only be offered if payment is made at the time the services are being performed. You are able to take advantage of this discount by making payment today. **If you choose not to take advantage of this savings then the regular rates will be billed to your health care carrier. You will be responsible for the full fee if your insurance does not cover these items and/or services.** Our office will not be able to extend to you a discount once you decline the Time of Service Discount Offer.

Agreement and Understanding:

Your signature indicates your complete understanding of your financial obligation. This signature also acknowledges that our office has communicated to you our understanding of your health coverage and specifically that our office believes that the items and/or services checked off in Section II will **not** be covered.

Printed Name of Patient

Date of Birth of Patient

Signature of Patient

Date

Witness - Printed Name

Date