

## Advanced Notice of Possible NON-Covered Services

This is a list of some of the services we provide:

- Spinal Manipulations
- Trigger Point Therapy
- Cold Laser Therapy
- Structural/Postural Exam
- Range of Motion Exam
- Kinesiological Exam
- Nutrition Health Scan
- Detox Footbath
- Myofascial Release with a Percussion Instrument
- A/SERT (Allergy/Sensitivity Elimination Reprogramming Technique)
- Cranial Nerve Evaluation and Treatment
- Emotional Treatment
- T-Zone Vibration Therapy
- Eye lights
- Couples Integration
- Neurolink
- Functional Testing and Interpretation (blood tests, hair analysis, stool tests, saliva tests)

Some or all of the services may not be covered by your personal insurance company. It may not be certain until your insurance company has been billed, what services are covered by them.

I \_\_\_\_\_ have read and understand the above information. I know that whatever services are not covered by my insurance, I will be personally responsible for.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_