

STEVEN B. WASSERMAN, R.N., D.C.
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Out-of-Network, and Non-Participating, and Out of State Policies; Provider Acknowledgement: United Health Care, CIGNA, some ASHP groups, ASN, ACN, OptumHealth, Etc..

Patient's Name: _____ **Date:** _____

I _____, understand that Dr. Wasserman is no longer a participating provider with my insurance company. Therefore, I will be responsible for all services rendered at time of service.

Dr. Wasserman's office may as a courtesy bill my insurance company (if applicable). I am aware that I may or may not receive a reimbursement check in the mail from my insurance company, depending on my insurance company's contract and benefits, for services provided by Dr. Wasserman.

I understand that payment will be due at the time of services rendered.

I understand this is not a guarantee that my insurance will cover the services received by me and that all services may be subject to review by my insurance company. (Please consult your insurance company to verify eligibility and benefits.)

I fully understand and agree with the above terms above.

Patient's Signature

Date

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Initial consultation, exam, adjustment, PT, and x-rays: \$150.00

Initial consultation, exam, adjustment, PT: \$75.00

Adjustment and PT: \$50.00

Adjustment with or without hot pack: \$35.00

Patient not seen > 1 year; consultation, exam, adjustment, and PT or hot pack: \$60.00

X-rays: \$75.00

Supplies: separate charge per item (PT=electrical stimulation and /or ultrasound)