

Four Seasons Physical Therapy & Acupuncture

Dear Patient,

This letter is written to inform you that Physical Therapy, Acupuncture is not a covered benefit under your health insurance plan or there is a possibility for a medical necessity review. On that basis, Physical Therapy and Acupuncture will not be billed to your health insurance and you are fully responsible for this procedure.

Self-Pay Packages available:

Visit #	Price	Supply Fee	Total
1	\$200 each	Waived	\$200
5	\$1000 each	Waived	\$900
10	\$2000 each	Waived	\$1800

If you choose to continue with this procedure, please sign and date below.

*I have read, understand, and agree to proceed with Physical Therapy and Acupuncture.
I understand that Four Seasons Physical Therapy & Acupuncture will not bill my insurance.
I authorize Four Seasons Physical Therapy & Acupuncture to bill me directly.*

Date

Signature

Printed Name