



Informed Consent For Non-Covered Services

At the Natural Family Health Clinic our goal is to provide our patients with the very best care available. In our current healthcare state this means some of the therapies, diagnostic tools and services we provide are not covered by insurance. The following is a brief list of services that may NOT be covered under our contract with your insurance carrier and as such cannot be billed to your insurance carrier on your behalf. Therefore, it will be your full financial responsibility should you need at any time to receive any of these non-covered services. We will make our best effort to inform you of when our treatment recommendations may include one or more of these non-covered services and ask that you become familiar with your specific plan benefits and limitations in order to ensure full disclosure:

1. Special therapies - (micronutrient infusions/pushes, nutrient injections, trigger point injections, bio-puncture, neural - therapy, micro-current, PEMF, hydrotherapy, etc.)
2. Minor surgery - (cryotherapy, biopsy, etc.)
3. Laboratory services & tests - (salivary hormone panels, allergy/sensitivity profiles, stool analysis, genomic profiles, etc.)
4. Extended face time with physician for detailed explanations, review of findings, education, prevention, etc.

I hereby acknowledge that I have read the above information regarding services offered by the Natural Family Health Clinic and understand the procedures/treatments that may not be covered by my insurance carrier. I also understand that if I choose to receive any of these non-covered services that I am financially responsible for payment in full for such services.

Patient Name (print): _____ Date: _____

Patient Signature: _____ Date: _____