 Telephone: 646-697-9355

 Fax: 212-746-8436

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| **Notice of Non‐Covered Integrative Health and Wellbeing Services** |

**Acupuncture, Nutrition Counseling, Mind-Body Services, Massage Therapy, Pilates and Yoga**

Dear Patient,

Thank you for choosing us as your integrative healthcare providers. We want to be sure to notify you in advance that many health insurance companies have determined our services are **not** part of their medical plan policies and therefore are **not a covered service**. If you are not aware of your specific plan’s policy we encourage you to contact your health insurance company directly. Please be aware that acupuncture services are rendered by a licensed acupuncturist (L.Ac). Therefore, ensure you are inquiring if your plan covers services delivered by an L.Ac professional. Payments for all known non-covered services are expected at time of service.

If you would like to receive an Integrative Health and Wellbeing service today you will be charged the standard fees listed below which will be collected when you check-in. Gratuity is not expected nor accepted for any of these services.

**Please sign and check the acknowledgement below:**

 *I have read the above information and understand the following:*

* *Acupuncture services may be covered by insurance but restricted by provider type or frequency. If it is not covered, I am responsible for a $160/visit self-pay fee (CPT Codes: 97810, 97811,* *97813, 97814).*
* *Nutrition Counseling may be covered by insurance but limited by diagnosis or frequency. If it is not covered, I am responsible for a $400/visit self-pay fee for new visits or $160/visit for follow-up visits (CPT Codes: 97802, 97803).*
* *Psychology services may be covered by insurance but limited by diagnoses or frequency. If it is not covered, I am responsible for $375-220/vist self-pay free for new visits or follow-up visits.*
* *Massage Therapy is non-covered service and associated with a $120/hour self-pay fee.*
* *Mind-Body Therapy is non-covered service and associated with an $80/hour self-pay fee.*
* *Pilates and Yoga are non-covered services and associated with an $80/hour self-pay fee.*
* *I will be expected to make a full payment at time of service.*

 *Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_*

#  *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Thank you for choosing NewYork-Presbyterian / Weill Cornell Medicine as your Integrative Health care provider!**