

Patient Notification of Billing Limitations and Questionnaire

IMPORTANT: Please read and answer the following completely.

Most insurance benefits will only pay for a limited number of visits for therapy services per calendar or benefit year.

The limitation combines all therapy visits including physical therapy, spinal manipulation, and some chiropractic services.

In order for us to help you keep track of your visits, please let us know if you have had any therapy services elsewhere.

- Have you had any therapy services as noted above (not at our facility) billed to your insurance for your current calendar or benefit year? _____

If YES,

➤ How many visits used elsewhere ? _____

➤ What type of therapy?

I have read and understand the above notification.

Patient Signature _____ **Date** _____