

Iowa Medicaid and Iowa Medicaid Managed Care Organization  
Medicare and All Commercial Insurance Notification of Non-Covered Services  
Rapids Chiropractic, Rock Rapids, IA

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

This is to notify you that the following services are non-covered under the Iowa Medicaid and Iowa Medicaid Managed Care plans (Amerigroup of Iowa; United Healthcare Community Plan of Iowa) and Medicare.

After evaluation, Dr. Reynolds has discussed his findings and is recommending services that are not covered to treat your condition. By checking the services below, you are agreeing to pay, in full, for the services rendered that are not covered by the Iowa Medicaid, Medicare and Commercial Insurance: (whichever you are a subscriber/member of)

\_\_\_\_\_ Exams (new patient and re-evaluations)

\_\_\_\_\_ X-rays (unrelated to the subluxation)

\_\_\_\_\_ Physiotherapies and Modalities (ie: exercises, ultrasound, electrical stimulation, cold laser, acupuncture, etc)

\_\_\_\_\_ Chiropractic Spinal Adjustments considered not medically necessary per policy published by the State of Iowa.

\_\_\_\_\_ Chiropractic Extremity Adjustments

\*\*\*If your payment comes to the point where we need to send it to a 3<sup>rd</sup> party vendor, to get collected, there will be an added 30 % service fee to your account, which will be your responsibility to pay.

I agree to pay for the services rendered today that are not covered by the Iowa Medicaid Program or the Iowa Medicaid Managed Care Organizations, Medicare and All Commercial Insurances.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date