Patient Billing Acknowledgement Form
Non-Covered Services

Under your health plan, you are financially responsible for co-payments, co-insurance and deductibles for covered services, as well as those services that exceed benefit limits. You are also financially responsible for all non-covered services as defines your health plan contract

The services and/or products listed below are not covered according to your health plan. Your acknowledgement below indicates that you have been advised of this information and that you agree to pay for the listed services or products.

Services to be provided:

❒ Supplements _____
❒ Principal Lab
❒ Functional Medicine/Clinical Nutrition Treatment ❒ CYREX Array 2 ❒ CYREX Array 3

❒ CYREX Array 4

Provider signature: _____

Frequently Asked Questions - Functional Medicine/Clinical Nutrition:

Can I just pay for one Functional medicine visit such as just a lab review?

It has been our experience that in order to provide this service effectively, a 5 visit treatment plan is necessary and that has led to this policy. If you do not wish to pursue this type of care at this time, we can schedule it in the future.

Why does the TX plan have to be prepaid?

There is a lot of administrative work and research that Dr Phelan has to do to prepare for your visits and therefore it has to be prepaid.

Can I use my Structural TX plan to pay for the functional medicine visits?

We have had to provide this type of care for more and more patients and that takes additional time that is not allowed for when treatment plans are developed. The structural treatment plans are in place to achieve a clinical result that will not occur if the treatment plan is not followed. Therefore, structural TX plans cannot be used to pay for Functional TX plans.

Can I use my flex cards to pay for TX plans?

Sometimes you can use them, but not always so you may want to pay with a credit card or personal check for now and then when the services are done submit a receipt to get reimbursed. We can't have you wait to pay because this is a wait listed service and in order to get on the list we require pre-payment.

Chart # _____

Patient name printed: _____, acknowledge that I have been told in advance by my provider that the services/products listed above are not covered by my health plan. I agree to pay for these non-covered services.

Patient/Guardian Signature _____ Date_____