

NON-COVERED SERVICES AGREEMENT

I, _____, being a patient of Raymond Chan, LEAMP, Sik Chi Stanley Chan, LEAMP. LMP and/or Bing Su, LEAMP, located at 663 South King Street, Seattle WA 98104, do hereby acknowledge that it has been explained to me the following services are not or may not be covered by the benefits available to me under the terms of my health plan or insurance policy:

- Herbal medicine
- Nutritional supplements
- Topical herbal therapy, moxibustion, cupping
- Tuina or acupressure services

I understand that my health insurance coverage has certain restrictions and limitations, such as authorization requirements, and non-covered services and supplies. Some services may be determined to be not medically necessary, investigational, or not eligible because they are maintenance, prevention or wellness care in nature.

I acknowledge that I have been told, in advance of treatment, what portion of my care is considered not covered by my health plan or insurance policy, and I agree to make financial arrangement with my practitioner to pay for these services.

Patient Signature: _____

Patient's Printed Name: _____

Dated: _____

Health Plan / Insurance Policy: _____

Member ID Number: _____