



1187 Old Hickory Blvd.
Brentwood, TN 37027
615-377-7770 phone
615-377-0448 fax

**ADVANCED NOTICE OF
NON-COVERED SERVICES**

PHYSICIAN NOTICE

I am being advised by this letter that my insurance will only pay for services that it determines to be "medically necessary" and that are covered benefits. If my insurance company determines that a particular service, although it would be otherwise covered, is not medically necessary or a covered benefit, the insurance company will deny payment for that service (**example: laser treatments, mechanical traction, and interferential treatment**). If these treatments are not covered, I understand that Skye Chiropractic will bill me for payment of these services. If the insurance company does deny payment I agree to be personally and fully responsible for payment.

Patient Signature

Date