MEDFORD
Complete Integrative Care
3156 State St., Medford, OR 97504
(541) 773-9772
(541) 773-1113

EAGLE POINT
Complete Care Health Centers
1296 South Shasta Ave. Eagle Point, OR 97524
3132 State St., Medford, OR 97504
(541) 830-4325
(541) 826-2620

Non-Covered Service Waiver

I _____, DOB _____ understand that the services I will be receiving may not be considered eligible for benefits (services may be determined not medically necessary, non-covered, or investigational) by my health insurance provider. I understand that my health insurance coverage has certain restrictions and limitations, such as prior authorization requirements and non-covered service guidelines. Complete Care will attempt to obtain authorization on your behalf. In the event, it is denied and there is no payment issued by your insurance, I understand I will be responsible for the balance.

By signing this form, I understand that I am agreeing in advance to receive these specific services and to pay for the services indicated below if my insurer denies payment because the services are not covered by my health insurance plan.

[ ] Injection(s) tendon sheath/ligament	20550	$193.00 per site
[ ] Injection(s) single tendon	20551	$193.00 per site
[ ] Trigger Point Injection(s) 3 or more	20553	$204.00
[ ] Trigger Point Injection(s) 1-2 muscles	20552	$177.00
[ ] Injection/aspiration of joint	20600-20610	$177-$430 per site (dependent on location)
[ ] Tangential biopsy of skin; single lesion [ ] Each additional lesion	11102 11103	$343.00 $170.00
[ ] Punch biopsy of skin; single lesion [ ] Each additional lesion	11104 11105	$424.00 $199.00
[ ] Incisional biopsy of skin; single lesion [ ] Each additional lesion	11106 11107	$525.00 $241
[ ] Pellet placement female and Male	11980	$314.00
Other_____	_____	$_____

_____
Signature of patient or representative

_____
Date of Service