# Wellness Chiropractic

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## MEDICARE ADVANCE NOTICE AGREEMENT

This is to certify that I understand:

Medicare will only pay for services that it determines to be "REASONABLE AND NECESSARY" under section 1862-A-1 of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service.

On this day, I, the undersigned, do hereby acknowledge that I have read the above and clearly understand that **only spinal adjustments are covered** by Medicare and the following services are **NOT COVERED** by Medicare:

- Examinations
- X-Rays
- Exercise Rehabilitation
- Extremity & Cranial Adjustments
- Neuromuscular/deep tissue massage
- Laser Therapy
- Nutritional Supplements
- Pillows
- Braces and Supports
- Visits that Medicare deems unnecessary

I further understand that I am responsible for payment of all services whether or not Medicare deems them necessary or reasonable.

Patient's Signature _____ Date _____

Witness _____

**For Office Use Only**

Patient Name _____ DOB_____ Date _____