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Ayur-Shilpi Ayurveda & Wellness LLC.
Ayurvedic Health Care Services not Covered by Insurance

We expect that your insurance company will not pay for the items or services that are described below. Insurance companies will only pay for mainstream medical treatments. We offer innovative treatments that are not yet accepted by the medical establishment. Insurance companies do not pay for services they consider to be experimental. Please do not expect them to pay for all of the treatment you receive in our office. The fact that your insurance company may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Insurance companies will only pay for services they deem "medically necessary" for your condition. We do not know what your individual policy will cover. Due to the staff time involved, we do charge the patient for any reports sent to the patient's private insurance company.

At present it is our experience that insurance will not pay for the items or services listed below:

- Any part (or all) of an office visit that concerns preventative health maintenance or advice on using non-prescription supplements.
- Vitamins and mineral treatments.
- Telephone consultations.

Patient Signature: PATIENT UNDERSTANDING AND AUTHORIZATION

I have read page one of this document. I understand that my insurance company will likely not pay for all of the services I receive in your office, particularly the services listed above. I agree to be personally and fully responsible for payment of such fees. I understand that, if I choose to appeal to my insurance company for any services that they denied, I may not depend on any further documentation from your office. In any instance that Ayur-Shilpi Ayurveda & Wellness LLC may agree to writing a report to "justify" the charges, there will be a charge to me for that report. I understand that as part of my treatment in this clinic, I may or may not receive any or all of the treatments and services listed herein.

Date: _____ Signature of patient or person acting on patient's behalf:_____

Printed name of patient or person acting on patient's behalf: _____

Note: Your health information will be kept confidential. If a claim is submitted to your insurance company, your health information may be shared with that company.