

**TO: Personal Care Patients**

We have established the following guidelines for Personal Care Insurance.

1. WE WILL FILE ALL PERSONAL CARE CLAIMS RELATED TO CHIROPRACTIC SERVICES ONLY.
2. WE ARE PARTICIPATING PROVIDERS WITH PERSONAL CARE, WHICH MEANS THAT PERSONAL CARE PAYS US DIRECTLY.
3. PERSONAL CARE DOES NOT COVER FOR ALL OF YOUR HEALTH CARE COSTS. THE FACT THAT PERSONAL CARE DOES NOT COVER FOR A PARTICULAR ITEM OR SERVICE DOES NOT MEAN THAT YOU SHOULD NOT RECEIVE IT.
4. NATUROPATHIC AND HOMEOPATHIC VISITS ARE NOT COVERED UNDER THE PERSONAL CARE GUIDELINES; THEREFORE, WE DO NOT SUBMIT THESE CHARGES TO INSURANCE. WE WILL BE HAPPY TO SUPPLY YOU WITH A DETAILED RECEIPT THAT YOU MAY SUBMIT YOURSELF.
5. FOR NON-COVERED SERVICES, WE REQUEST PAYMENT EITHER AT THE TIME OF SERVICE OR ACCORDING TO A WRITTEN PAYMENT PLAN AGREEMENT.

<b>PERSONAL CARE COVERS:</b>	<b>PERSONAL CARE DOES NOT COVER:</b>
<ul style="list-style-type: none"><li>• Chiropractic Manipulations</li><li>• Manual Therapy</li><li>• Exercise Instruction</li><li>• Physiotherapies</li></ul> <p>★If related to a musculoskeletal condition</p> <p>★Based on the specific terms of your policy</p>	<ul style="list-style-type: none"><li>• Naturopathic Medicine</li><li>• Classical Homeopathy</li><li>• Laboratory Services</li><li>• Nutritional Supplements</li><li>• Orthopedic Supplies</li><li>• Maintenance Care</li></ul>

If you have questions regarding these guidelines, please ask, we are here to help you!

I have read and understand the limitations of my Personal Care coverage and agree to be personally responsible for the payment of non-covered services if I choose to receive those services.

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Signature of patient *or person acting on patient's behalf*

Date