



Explanation and Consent for Billing Charges

Insurance covered benefits for Chiropractic services are limited to spinal examination, X-Rays, spinal manipulation, physiotherapy, and rehabilitation.

The expanded services are as follows:

1. Hypersensitivity screening and treatment
2. TBM (Total Body Modification) evaluation and treatment
3. CK (Clinical Kinesiology) evaluation and treatment
4. AK (Applied Kinesiology) evaluation and treatment
5. Nutritional evaluation and recommendations
6. Acute respiratory or gastrointestinal complaints
7. NET (Neuro Emotional Technique) treatments

These codes are ES1-10 and range from \$5.00 - \$50.00 based upon complexity and time.

This is a direct result of the current climate of insurance reimbursement and policies, rising business costs and the cost of doing business in America. These services have been provided at the expense of this office for many years. They require extra time and expertise and are unique to Sunshine Medical Centers. Standard chiropractic treatment does not typically include hypersensitivity treatment, nutritional evaluation and recommendations, acute and chronic respiratory and gastrointestinal care, neuro-emotional treatment, wellness, anti-aging and longevity care. These services are what distinguish Sunshine Medical Centers from the rest.

In addition, BioCleanse, Diet Counseling, Zyto testing, HeartQuest, Sauna, Nutritional supplements, Foot orthotics, Eyelights, Body Sculpting services and Laser therapy are not a covered insurance expense.

I understand that the above listed services are not covered by insurance and are solely my responsibility for payment. I have been informed of the costs and give my permission for these expanded services to be rendered on an as needed basis.

Print Name: _____ Date: _____

Signature: _____