

# Patient Acknowledgement Form for Non-Covered Devices (sample)

**A standardized notice gives the patient the opportunity to make an informed decision to services rendered.**



Although your health insurance plan may cover many services and products provided in this office, unfortunately orthotics are not covered as prescribed.

You are financially responsible for all non-covered services. The acknowledgement below indicates that you have been advised of this information and that you agree to pay this office for the product listed below:

Product: Orthotics Date:\_\_\_\_\_ Amount:\_\_\_\_\_

Patient Acknowledgement:

I acknowledge that a certain portion of my care will not be covered by my health plan. Under the terms of my benefit plan, I acknowledge that I am signing this notice voluntarily and that it is not being signed after the product has been provided.

I acknowledge that I have been told in advance by this office that the product listed above is not covered by my health insurance plan and I understand and agree to pay for this non-covered product at the time the product is provided. I have had ample opportunity to ask questions about my financial obligation and other treatment options. I understand I have the right to this product and that by signing this form I am fully responsible for all non-covered products.

I acknowledge that I have reviewed my coverage options and that I have been told in advance what portion of my care I will have to pay for, including non-covered services as described above. I agree to make financial arrangements with this office.

---

Patient Signature

---

Date