## **Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** Your insurance may or may not cover some alternative treatments that we offer.

- 1. If Insurance does pay for such treatments, but later rescinds their payment decision, you agree to absorb the cost of these treatments.
- 2. In the event the insurance company pays for a portion, you will be responsible for the remaining balance.
- 3. For untraditional treatments it is at the discretion of the office to bill insurance or have you pay directly.

We expect Insurance may not always pay for the procedures listed below:

## **Procedures (Price varies with dosage)**

1. Intravenous Vitamins, Alpha Lipoic Acid, Co Q 10, Amino Acids (\$124-\$144)

**Intravenous Glutathione (\$62-\$75)** 

**Intravenous Phosphatidalcholine (\$120-\$228)** 

**Intravenious Chelation Challenge (\$250) Chelation Treatment (\$125)** 

- 2. Oxygen Therapy (\$62)
- 3. Allergy Testing: Provocation/Neutralization (\$20 per antigen)
- 4. Heart Rate Variabity (\$100)
- 5. Research Fee, studying my case, reviewing files or literature regarding my illness (\$155)

By signing below I am stating that I want one or more of the procedures below. I am responsible for payment. If Insurance does pay, the doctor will refund any payments I made, less co-pays or deductibles.

Procedure	Signature	Procedure	Signal

Date & Procedure	Signature

Date & Procedure	Signature

Date & Procedure	Signature
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