



PATIENT ACKNOWLEDGMENT FOR NON-COVERED SERVICES

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary, under Medicare Program standards, Medicare will deny payment for that Service.

By signing the Patient/Responsible Party Signature you are confirming your agreement to assume financial responsibility for payment of these services.

Signature: _____

Date: _____

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