

920 W Cty Hwy 16, Ste A
West Salem, WI 54669
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Dry Needling Notice of Non-Covered Services

Patient Name: _____

Insurance does not pay for all services and items provided in this office even though we have a good reason to think you need them. Insurance only pays for covered services and items (i.e. spinal manipulation by a chiropractor). The below services and items are **non-covered** under insurance when delivered and/or ordered by a Doctor of Chiropractic, and you are responsible to pay for them:

- Dry Needling (\$50 - \$100)

Patient Acknowledgement:

I acknowledge that I have been told in advance that the services and items listed above are non-covered by insurance, and I agree to pay for these services and items at the time the service or item is provided.

Patient Signature: _____

Date: _____