

Insurance Coverage Inform Consent Form

Dear Patient,

After verification of your Insurance Coverage, we have determined that your Health Insurance Company does not reimburse for decompressive Therapy, which is a portion of your IDD Treatment.

IDD Therapy, is an innovative treatment, which uses decompressive force to reduce Intradiscal pressure in order to improve your condition, reduce your pain and heal your Disc. While it is unfortunate that your Insurance does not cover this therapy at the present time, we feel that IDD treatment is cutting edge technology and when applied with IDD protocol and sound clinical judgment, this procedure is a very effective tool in reducing pain caused by Herniated Disc, Bulging Disc, degenerated disc and Posterior Facet Syndrome.

This is to inform you that your Insurance Company, will not cover a portion of your IDD treatment (hence the **Decompressive** Portion of Your IDD Therapy) Therefore, if you elect to go forward with this procedure, please be aware that this portion of your treatment shall be your financial responsibility. The physical therapy portion associated with IDD Therapy shall be covered by your Health Insurance. If you have any questions on this matter, we recommend that you speak with our billing department.

If you elect not to undergo IDD treatment, you shall be aware that other options are also available to you here, at our office. The AccuSpina, which is a sophisticated Medical equipment delivering the IDD treatment, is also capable to deliver strictly **mechanical Traction**, which in this case would be covered under your Health Insurance.

We strongly recommend IDD Therapy since this is the most effective treatment to successfully treat Disc problems. However, it is possible that you could also benefit

from mechanical traction for your condition using the AccuSpina machine. If you would prefer this option, we therefore, recommend that you ask if you could be a candidate for mechanical traction and what are your chances of a successful outcome versus IDD therapy.

Please choose one of the three following options:

1) I therefore Acknowledge that I have been informed of my Insurance Company not covering the **Decompressive portion** of IDD Therapy and Wish to proceed further and start IDD Therapy.

initial:_____

2) I do not wish to proceed ahead with IDD therapy and would prefer to receive **Mechanical Traction** instead of IDD treatment .I also have been informed that the following therapy(mechanical Traction) may not have the same outcome and success rate as IDD Therapy with Decompressive Treatment.

initial:_____

3) I have elected **NOT** to undergo IDD therapy or Mechanical Traction and do not wish to proceed further.

initial:_____

Thank You,

Patient's Signature_____

Dated_____