



ADVANCE PHYSICAL THERAPY

CERTIFIED POSTURAL RESTORATION CENTER

77 South Elliott Road, Chapel Hill, NC 27514 phone 919.932.7266 fax 919.932.7250

NON-COVERED SERVICES WAIVER FOR TELEHEALTH

This form applies to all patients covered by private insurance

Your insurance company reserves the right to decide what services are medically necessary for you and which health related services they will cover. Services which are acceptable to your insurance company are labeled “covered benefits.” Services which they will not cover are labeled as “non-covered services.”

Advance Physical Therapy is now offering telehealth treatment options which may not be covered by your insurance company. For example, physical therapists can connect with patients through an online platform to deliver patient education, create or review care plans, and ensure patient success in performance of therapeutic exercises.

If your insurance company denies coverage of telehealth sessions, labeling them as “non-covered services” or “medically not necessary” you have the option to self-pay for this service, if you wish.

TELEHEALTH RATES:

Telehealth Treatment Rate (for existing and new patients): \$25 per 15 minutes

New Patient Telehealth Initial Encounter: \$150 for 1 hour

New Patient Telehealth Screening: \$75.00 for 30 minutes

I acknowledge that I have been informed in advance of receiving telehealth services, that these services may not be covered by my health insurance plan. I have chosen to receive these services, and understand that I will be financially responsible for the services not covered by my health insurance plan, which will be billed at the rates listed above.

Patient Name

Signature of Patient (or Legal Guardian)

Date

*This form must be signed by the patient or legal guardian **PRIOR** to patient receiving any non-covered service(s) or item(s), and must be maintained in the patient's medical record.*