



**CHAO-LUNG LIU / PEI-LU BETTY CHANG**

8330 SW 8<sup>th</sup> Street, Miami, FL 33144-4180 Tel: 305-551-1600 Fax: 305-264-6942

To All Insurance Patients:

The explanation of benefits that we provide for you is not a guarantee of payment. Also, when getting eligibility and benefit information from your insurance company, we are sometimes given incorrect information. We are only as good as your insurance company's weakest link. We pass on to you the information we are given, but we make no guarantees that this information is correct. Each insurance company recites a disclaimer when giving eligibility and benefits, to excuse them from any misinformation given or any changes that may occur in your plan since the benefits inquiry.

We do the best we can to assist you, but please understand it is ultimately your responsibility to know the benefits of your insurance plan.

**Physical Therapy benefits**

Also, there are times when tui na or gua sha, (both are types of medical massage), may be appropriate for your treatment. When we bill an insurance company for those procedures, the insurance company may consider it a physical therapy benefit, and if so, it will go against your physical therapy benefits. Please keep in mind that when we bill against your physical therapy benefits, they may get used up for the year. If down the road you need to use them for something else, (e.g. you've had an accident and need physical therapy), you may not have those benefits available to you. As a courtesy to you, I am letting you know this ahead of time so that you can decide if you would like your insurance billed for this service, or if you would prefer to pay out of pocket for it. Once the insurance is billed and processed for these procedures, there is no reversing it. It is a legitimate claim, and we cannot 'undo' it down the road for any reason.

Please initial and date one of the following:

\_\_\_\_\_ I would like (CHAO-LUNG LIU / PEI-LU BETTY CHANG) to bill any tui na or gua sha procedures needed during my treatment(s) to my insurance company.

\_\_\_\_\_ I would like to pay (CHAO-LUNG LIU / PEI-LU BETTY CHANG) out of pocket for any tui na or gua sha procedures needed during my treatment(s).

Please sign below indicating that you have read and understand the above information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature