



Non-Covered Services

The services that are included under the **Non-Covered Services** statement may or may not be an item that your Physical Therapist determines to be a Medical Necessity for your current diagnosis. It is common for 1 or 2 of the items listed below to be used during our usual Physical Therapy programs. It is recommended that during home exercises and self-treatments that you simulate the same movements as in our clinic as close as possible. Most often used, is the charge for a one -time Theraband charge. As you progress with your treatment, we will be giving you more than the 1 quantity of Theraband to use for your home exercises; your one-time payment will include ALL further pieces.

POSSIBLE NON-COVERED ITEMS

Theraband/Theratubing	\$5
PRI Ball	\$5
Shoulder Pulley	\$20
TherBand Foot Roller	\$14
Strassburg Sock	\$35
Gel Ice Pack – Cervical	\$20
Gel Ice Pack – Oversized	\$25
HandMaster	\$20
Temporary Orthotic	\$10
Biofreeze	\$12
Spider Tech Tape	\$15
Adjust Heel Insert	\$15 each
Ropes	\$8
Exercise Programs	FREE
Balloons	FREE

I HAVE READ AND UNDERSTOOD THAT CERTAIN ITEMS ARE NOT COVERED UNDER INSURANCE AND MAY BE PURCHASED IF SUGGESTED BY THE PHYSICAL THERAPIST AT THE COST ABOVE.

SIGNATURE

DATE