Tri-Cities Precision Health
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(509) AMO-TCPH · 266-8274 · Fax (509) 331-5080 · tcprecisionhealth.com

ACKNOWLEDGMENT

Non-Insurance Coverage for Services

Tri-Cities Precision Health, PLLC is a direct-pay practice. We do not file claims with commercial insurance, Medicare, or Medicaid. This acknowledgment applies to the services listed below and to any similar services received during your care with this practice.

I understand and agree that:

- The following categories of services are **not generally covered** by commercial insurance and are **not billed to Medicare or Medicaid**: intravenous (IV) therapy and infusions, injections, ozone therapy (including EBOO adjunct), Low-Dose Allergen (LDA) therapy, peptide therapy, IASIS microcurrent neurofeedback, IV/injection supplies, compounded medications, nutritional supplements, and non-covered evaluation and management services.
- **Payment in full is due at the time of service** by credit card, HSA/FSA card, cash, or check. Membership plans, when applicable, are billed on a recurring schedule under a separate membership agreement.
- I **will not attempt to bill my insurance** for the services listed above, and I release Tri-Cities Precision Health from any obligation to submit claims on my behalf for these services.
- Upon request, I may receive a **superbill** (an itemized receipt with diagnosis and procedure codes) that I may submit to my insurance for possible out-of-network reimbursement of covered evaluation and management services. **Reimbursement is not guaranteed** and is determined solely by my insurance plan.
- The provider, **Rosita P. Walker, MSN, ARNP, FNP-BC**, is **opted out of Medicare** effective 05/11/2026. If I am a Medicare beneficiary, I understand I must sign a separate Private Contract before receiving non-emergency care, and that neither the provider nor I may submit claims to Medicare for services under that contract.
- **HSA and FSA accounts** generally reimburse medically necessary services and supplies. I am responsible for confirming eligibility with my plan administrator.
- If I have questions about the cost of a service before it is provided, I may request a **Good Faith Estimate** under the federal No Surprises Act.
- Refunds are not provided on opened supplements, opened supplies, or special-order items. Unopened, resellable items may be returned within 30 days.

SERVICES I AM CONSENTING TO RECEIVE ON A CASH-PAY BASIS

- ☐ IV therapy / infusions
- ☐ Low-Dose Allergen (LDA) therapy
- ☐ IASIS microcurrent neurofeedback
- ☐ Supplements & compounded medications
- ☐ Ozone therapy (MAH, EBOO adjunct, insufflation, injections)
- ☐ Peptide therapy
- ☐ Pelvic floor therapy
- ☐ E&M office visits (superbill on request)

SIGNATURE

PATIENT PRINTED NAME

DATE OF BIRTH

DATE SIGNED

LEGAL REPRESENTATIVE NAME & RELATIONSHIP (IF APPLICABLE)

Patient or legal representative signature