Dr. Eva Turner 10 East 704th St, Orangeburg NY 10962 845-359-5599

Medicare Liability Waiver Form

Dr. Eva Turner has advised me, _____, that in accordance with Medicare regulations, it is this office's responsibility to notify me in advance that my Medicare allowance for spinal adjustments is limited. However, I understand that I AM RESPONSIBLE for any and all charges beyond those not paid for by Medicare.

Dr. Eva Turner has also advised me that Medicare will NOT reimburse for the procedures listed below. I have agreed to proceed with the services and I will assume full responsibility for payment.

FILL IN THE APPROPRIATE NUMBERS FOR SERVICES RENDERED ON EACH VISIT, AND SIGN ON THE LINES BELOW PRIOR TO TREATMENT

1. Examination
2. X-rays
3. Hot or Cold Application
4. Trigger Point Therapy
5. Electrical Muscle Stimulation
6. Ultrasound
7. Traction
8. Other: Supplements, Supports

Date	Services	Patient Signature	Date	Services	Patient Signature
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