

**Bastyr Center for Natural Health (BCNH)
Bastyr Clinical Research Center (CRC)**

Non-Covered Service Agreement

This agreement must be signed by patients prior to any treatment

(Check and sign one)

- I do not currently have health insurance that is contracted with BCNH/CRC.*** I understand that I am responsible for paying today for all services and supplies used during my treatment.

(Patient Signature)

(Date)

(Print Patient Name)

- I currently have health insurance that is contracted with BCNH/CRC.*** I understand that a portion or all of the services or supplies provided to me may not be covered by my insurance and I agree to pay for services and/or supplies not covered by my insurance plan at the time of my appointment. In addition, I understand that BCNH/CRC will bill my insurance for the remaining service and/or supply costs and that a portion or all of these charges may not be covered. BCNH/CRC will bill me for these costs after filing insurance if the claim is denied.

(Patient Signature)

(Date)

(Print Patient Name)

Expiration Date for patient requested phone consultations – established patients only

(one year from today)