Wellmark

Wellmark Blue Cross® Blue Shield® member acknowledgment of financial responsibility waiver for services Wellmark deems not medically necessary or experimental and investigational

Provider (to complete)

This form may be used for Wellmark members who would like to receive health care services from you that may not be covered by their insurance plan. These services may not be covered because they are experimental or investigational, or do not meet Wellmark's medical necessity criteria. **By providing your signature below, you acknowledge that you have verbally explained the services and policies referenced below to the member. Your signature also means you agree to bill Wellmark for these services by using the GA modifier (waiver of liability on file).** Please complete the information below and provide a copy of this form to the member once it is fully complete and signed.

Service description (please include appropriate coding information and description of services)**:**

CPT Code 99202 - 99204: Evaluation and Management, Initial Visit ($60.00 - $120.00)
CPT Code 99211 - 99215: Evaluation and Management, Established Patient ($50.00 - 100.00)
CPT Code 72020 - 72100: X-ray of spine ($60.00 - $140.00)
CPT Code 98940 - 98943: Chiropractic manipulative treatment (CMT); Spinal & Extraspinal ($50.00 - $70.00)
HCPCS Code S8990: Physical or manipulative therapy performed for maintenance rather than restoration ($120.00)

Cost estimate: $380.00 absolute maximum (cost varies based on which of these services are rendered)

Summary of Wellmark policy (or, check box if medical policy is attached to this waiver)**:** ☑

Date of service:

Place of service (please include office name and address)**:**

Atlas Family Chiropractic
1255 Boyson Loop, Hiawatha, Iowa 52233

Maggie A. Sellers, DC

Provider name (please print) Provider signature Date

Member (to complete)

Your signature on this form acknowledges the following:

- The provider has explained to you (prior to performing services) verbally *and* in writing via this waiver that the services, with cost estimate, listed above may not be covered by your insurance benefits.
- **You agree to bear full financial responsibility for all services as listed above**. **The Explanation of Benefits (EOB) may show provider responsibility on these services, but they will be considered patient responsibility by the provider.**

Member or member's legal representative name (please print) Member identification number

Member or member's legal representative signature Date

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

1331 Grand Avenue | PO Box 9232 | Des Moines, Iowa 50306-9232 | Wellmark.com

P-2319176 8/17 N-T

Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສ່ຽງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ຫາ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်နုးသ့ဉ်ညါ–နမ့ၢ်ကတိၤကညီကျိာ်.ကျိာ်တၢ်မၤစၢၤတၢ်ဖံးတၢ်မၤတဖဉ်.လၢတဘဉ်လာ်ဘူးလဲ.ဆိဉ်လၢနဂီၢ်လီၤ.ဆဲးကျိုးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့ၢ်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ይሙሉ ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heɓir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

09/16 A

Corrective, Reparative, or Rehabilitative Care
Corrective, reparative, or rehabilitative care is the stage of ongoing care beyond the acute phase, if necessary, where treatment is directed toward further symptom reduction and the achievement of optimum structural and functional restoration. In most cases, this type of care is largely active and is typically directed by the provider and performed by the patient (e.g., home stretching or strengthening exercises). The therapeutic goal may still be to return the patient to their precondition status.

Supportive Care
Supportive care is the care of chronic or symptomatically unstable conditions that have reached maximum medical improvement (MMI). The care is necessary to maintain optimal body function, and may be provided on a routine or scheduled basis. Without supportive care, the condition may deteriorate. These services are typically required on an infrequent basis. Wellmark provides benefits for 4 supportive care visits per year as medically necessary. Supportive care visits are included within the 20 medically necessary visits per specialty per benefit period for which Wellmark provides benefits before reviewing services for medical necessity.

Palliative Care *(Noncovered Service)*
Palliative care is typically given to alleviate symptoms and does not provide corrective benefit to the condition treated. A patient receiving palliative care, in most instances, demonstrates varying lapses between treatments. If an exacerbation of a condition occurs, care becomes therapeutic rather than palliative, and documentation of the necessity for care (e.g., etiology of exacerbation, objective findings, and desired outcomes) must be obtained.

Maintenance Care/Preventive Care Examinations *(Noncovered Service)*
Maintenance examinations may be used to determine the presence of a disordered state such as vertebral subluxation complex (VSC) or osteopathic lesion. Maintenance care may include physical or occupational therapy care that consists primarily of repetitive exercise or activity that does not result in functional improvement for the patient. Maintenance care includes regular visits in which the patient may receive palliative interventions. A maintenance status may indicate that a previous level of function is unattainable, and there is no longer an expectation of permanent improvement in measures of pain, impairment, or disability. HCPCS S8990 (Physical or manipulative therapy performed for maintenance rather than restoration) shall be used to bill maintenance therapy.

Maintenance care may include the management of the patient who has reached preclinical status or maximum medical improvement (MMI), where the condition is resolved or stable. Treatment is directed toward maintaining optimal body function and preventing clinical symptoms or other physical disorders.

Preventive care includes management of the asymptomatic patient. Preventive care examinations may include preparticipation athletic examinations.