

# Regenerative

## WOMEN'S HEALTH

### FEE ACKNOWLEDGMENT & INSURANCE DISCLAIMER

Regenerative medicine treatments are often classified as elective or experimental by insurance companies. As a result, many insurance providers do not recognize these treatments as medically necessary and are not obligated to cover the cost of our wellness services.

This form and the receipt you receive serve as your proof of treatment. It is your responsibility to submit any claims to your insurance provider if you choose to do so. Our office does not engage in any communication with insurance companies regarding coverage, including pre-certification, appeals, or direct correspondence. If we receive a check from your insurance provider, we will return it to the sender without cashing or forwarding it to you. Additionally, we will not respond to any inquiries from your insurance provider.

If you have a Health Savings Account (HSA), you may use your HSA credit or debit card to pay for your treatment. Some HSA plans require you to pay upfront and submit a receipt and letter for reimbursement. Patients with an HSA should verify their plan details to determine eligibility for reimbursement.

By signing below, I acknowledge that I have read, understood, and agreed to this Fee Acknowledgment and Waiver. I voluntarily consent to receive regenerative medicine treatment with full awareness of my financial responsibility.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_