CHIROPRACTIC
LIFESTYLE CENTER

991 NE Riddell Rd., Bremerton WA 98310
360-373-2225

Non-Covered Service Waiver - CUPPING

My acupuncturist may recommend that I receive Cupping as an adjunct to my regular treatment. If this is recommended, the procedure will be fully explained to me beforehand, and I will have the opportunity to choose or decline this part of treatment.

I understand that my insurance does not consider Cupping to be a covered benefit and will not pay for my acupuncturist to perform Cupping therapy. I acknowledge that I have been informed in advance of receiving these services, that these services are not covered by my health insurance plan. I also agree that if I choose to receive these services during any treatment session, I will be financially responsible for the charges.

I agree to pay a fee of $10.00 for brief cupping and $20.00 for extended cupping, as determined by my acupuncturist. This fee will be due and payable at the time of service.

Print Patient Name_____ Date _____-

Patient Signature_____

Name of Parent/Legal Guardian (if applicable) _____

Signature of Parent/Legal Guardian (if applicable) _____