

**MEDICALLY UNNECESSARY, OVERVALUED, & NON-COVERED SERVICES**  
**RELEASE**

I have been notified by Aruna Bakhru, M.D. that Medicare may deny payment, or down-code a service thereby reducing payment for the services identified below (for the reasons stated). I have also been informed that Medicare has frequently changed the code for office visits and services which may be a non-covered routine service to this office and then paid at a lower rate. If Medicare denies payment, pays at a reduced rate, or denies payment for a non-covered service, I agree to be personally and fully responsible for payment as listed.

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------

---

<b>CPT Code</b>	<b>Description of Service</b>	<b>Charge</b>	<b>Date of Service</b>
-----------------	-------------------------------	---------------	------------------------

---

<b>Reason</b>	<b>Patient's Signature</b>
---------------	----------------------------