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Advance Notice of Non-Covered Service

Medicare does not cover telehealth or teleconferencing except in specific cases that do not include services provided by Dr. Kravitz

I have been notified by my psychologist that my insurance will deny payment for the services specified above. I agree, as indicated by my signature below, to pay for these services that are not covered or for which payment is not allowed by my insurance company.

Patient's Signature _____ Date _____

Patient's Name (PRINT) _____