HeartSong Health In Community
36 Old Town Road Putney VT 05346 802-387-2345

Non-Covered Service Waiver

I, the undersigned patient, understand that the described treatment(s) below is(are) not covered by my insurance company and I agree to pay for the service(s) regardless of the insurance company's determination of benefits or medical necessity.

Name: _____ (print)

Date of Birth: _____

Dates of Service: Indefinite

Service: Nutritional supplement(s) consisting of one or more of the following substances: herb (whole/extract/constitutent), vitamin, mineral, amino acid, food (whole/ extract/ constituent), homeopathic, isopathic, enzyme, animal organ extracts.

Cost of Service: Suggested retail price (plus shipping if applicable)

Reason for exclusion: Non-prescription

Pharmacy returns: A full credit or refund will be issued if the supplement is returned unopened within 30 days, less shipping charges. After 30 days, no credit or refund will be issued. No returns are allowed on tinctures, products which have been opened or on special orders.

Other service(s): _____

Cost of Service: _____

Reason for exclusion: _____

Signature: _____ Date: _____

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