Salud Medical and Consulting LLC
Dr. Elias Lu, DTCM, AP, APRN
111 2nd Ave NE Ste 321b
St Petersburg, FL 33701
321.216.9000

Member Billing Acknowledgement

Patient: First name	Middle name	Last name
Date of birth	Sex	Last 4 of SS

This is to inform you that a certain portion of your health care may not be covered by your health plan. Non-covered services may include, but not limited to, office testing, acupuncture point injection therapy, intramuscular injections, low level laser, therapeutic ultrasound, and 3% credit card processing fee.

You may have additional coverage for these services through your health plan. You are encouraged to verify your options by contacting your health plan prior to signing this agreement.

By signing this document, you are agreeing to self-pay for the following services:

Date	Procedure/Service	Charge	Initials

I acknowledge that I have been informed in advance of the services to be provided today, I have reviewed my coverage options, and I agree to pre-pay for these services myself.

Patient signature	Health plan name/ID
Provider signature	Date

* This agreement is not intended to be used in a “blanket” or “retroactive” manner.