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Injury Prevention Consultation ■ Ergonomic Evaluation ■ Injury Management  
Training ■ Physical and Occupational Therapy ■ Post Offer Screenings

## NOTICE TO ALL BLUE CROSS BLUE SHIELD PATIENTS

Blue Cross Blue Shield will no longer cover Electrical Stimulation (CPT Code 97014, electrical stimulation, unattended).

If your therapist recommends this modality as a necessary part of your treatment, you will be responsible for payment.

If you are in agreement, please sign below giving us permission to bill you for this service.

If you are not in agreement, please discuss other options with your treating therapist in order for them to provide alternative means of treatment.

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By signing below, I am agreeing to be responsible for payment of the modality, electrical stimulation, and will be billed on a monthly basis from Preferred Medical Billing, with payment due within 30 days.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_