NON-COVERED, NON-MEDICALLY NECESSARY PROCEDURES/SERVICES EXCLUDED FROM NORTHERN LIGHT HEALTH FINANCIAL ASSISTANCE

Services that are not Medically Necessary and therefore are not eligible for Financial Assistance under Northern Light Health policy include, but are not limited to:

- Assistive hearing or listening devices
- Elective bariatric related services, including pre-procedure testing
- Elective examinations such as sports or employment-related physicals
- Elective vision correction services including, but not limited to, LASEK, LASIK, PRK, conductive keratoplasty
- Elective, cosmetic, experimental, and clinical research services
- Infertility services
- Non-emergency dental services
- Patient convenience items, take home supplies, outpatient pharmacy, eyeglasses, durable medical equipment
- Services covered under grant funding or eligible for payment by another funding source
- Services deemed non-covered by Medicare