

Private Insurance Noncoverage Acknowledgment

Notifier(s)	
Patient Name	
Identification #	

If my insurance does NOT pay for _____ below, you may have to pay.

Private Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Private Insurance may not pay for the _____ below.

Procedure/Test	Reason Your Insurance May Not Pay	Estimated Cost

- Read this notice, so you can make an informed decision about your care.
 - Ask us any questions that you may have after you finish reading.
 - Choose an option below about whether to receive the _____ listed above.
- Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have.

CHOOSE YOUR OPTION (SELECT ONLY ONE)

<input checked="" type="checkbox"/>	I want the _____ listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment. I will receive an Explanation of Benefits (EOB) that will state their official decision. I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal by following the directions on the EOB. If my insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input checked="" type="checkbox"/>	I want the _____ listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if my insurance is not billed.
<input checked="" type="checkbox"/>	I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if my insurance would pay.

ADDITIONAL INFORMATION

Signing below means that you have received and understand this notice. You also receive a copy.

PATIENT SIGNATURE

Patient Signature	X	Date	
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