DRAFT OF NOTICE TO PATIENT FOR SERVICES PROVIDED BY A NON-MEMBER HMO PROVIDER (MCR OR COMMERCIAL)

PATIENT OBLIGATION NOTICE
I am currently enrolled in <name of insurance program> and understand that <name of practice> is **not** on the provider panel. _____ *patient initials* This plan does not provide or I have not elected a point of service (POS) option which allows non-member physicians to provide care. _____ *patient initials* I understand that any service provided by a non-member physician is considered a ***non-covered*** service even if it would have been a ***covered*** service from a member physician. _____ *patient initials* All charges associated with my care by a non-panel physician are my responsibility. _____ *patient initials* I am prepared to make payment for services at the time services are provided. _____ *patient initials* **optional statement**
AGREEMENT
I agree with the statements listed above and have elected to proceed with treatment understanding that I am personally responsible for the fees charged by <name of practice>. _____ _____ Signature Date