



NOTICE OF NON-COVERAGE OF SERVICES

LABEL

Dear Patient:

Your health insurance may require pre-certification and/or authorization by you, your physician, your insurance carrier or the Medical Center before certain outpatient tests or procedures may be performed. If your health insurance carrier refuses to cover any tests or procedures because the required pre-certification or authorization was not obtained, the patient (or if applicable, the patient's legal guardian) will be responsible for the payment of charges for any non-covered services that were received.

I, _____, acknowledge that I have received and understand this Notice of Non-Coverage of Services, and that I accept responsibility for the payment of all charges billed for services that are not covered because they were not first pre-certified or authorized.

PATIENT

DATE

IF MINOR, PARENT OR OTHER RESPONSIBLE PARTY

DATE

WITNESS

DATE