

Non-Covered Service Fee Acceptance Form

I _____, a member of _____ wish to obtain and pay for _____, a service which is not covered as a covered benefit under the Medicaid/Medicare Program under which I have coverage.

Dr. _____ has explained to me that I will be solely responsible for the cost of _____, which is \$_____. I agree to accept responsibility for payment of \$_____. I understand that I am not obligated to pay for the above service if it is later found that the service was covered under the Medicaid/Medicare Program under which I have coverage at the time it was provided, even if Medicaid/Medicare did not pay Dr. _____ for the service because he or she did not satisfy Medicaid/Medicare billing requirements.

I acknowledge that I have been given a copy of this agreement.

Member's signature: _____

Printed name: _____

Date: _____

For Office Use Only

Date of service: _____

Member's effective date of coverage with primary payor: _____

- Member received copy
- Copy placed in member's medical record

Formulario de aceptacion del cargo por servicios no cubiertos

Yo _____, miembro de _____ deseo obtener y pagar el costo de _____, un servicio que no tiene cobertura como beneficio cubierto en el programa de Medicaid/Medicare bajo el cual tengo cobertura.

El/la Dr(a). _____ me explic6 que yo sere el único responsable del costo total de _____, que es \$ _____. Acepto responsabilizarme del pago de \$ _____. Entiendo que no tengo la obligaci6n de pagar por el servicio indicado arriba si posteriormente se determina que cuando se me brind6 el servicio si tenia cobertura en el programa de Medicaid/Medicare bajo el cual tengo cobertura, aunque Medicaid/Medicare no le haya pagado al/a la Dr(a). _____ el servicio porque el o ella no cumpli6 con los requisitos de facturaci6n de Medicaid/Medicare.

Confirmando que recibí una copia de este acuerdo.

Firma del miembro: _____

Nombre en letra de imprenta: _____

Fecha: _____

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Date of service: _____

Member's effective date of coverage with primary payor: _____

- Member received copy
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