



Liability Form
(Waiver of Non-Covered Services)

This waiver allows a network (contracted) provider to collect billed charges for services denied as “non-covered” (not an insurance benefit from a member/dependent when the member/dependent has agreed, in writing, to waive his or her balance-billing protection.)

I, _____, the insured, hereby agree to pay the full billed charge(s) for the following service(s) if such service is subsequently denied as non-covered (not an insured benefit) regardless of the fact the insurance program will not make a payment:

Date: _____ Service (Code): _____ [Estimated] Billed Charge: _____

Date: _____ Service (Code): _____ [Estimated] Billed Charge: _____

Date: _____ Service (Code): _____ [Estimated] Billed Charge: _____

TOTAL [ESTIMATED] BILLED CHARGES: _____

Note: This waiver applies to any and all non-covered services indicated above rendered by this provider, including, but not limited to office visits, office procedures, hospital visits, and surgical fees.

I acknowledge that I am signing this statement voluntarily, and that it is not being signed under duress or after the services have already been provided. I understand that by signing this form, I will be fully responsible for the total billed charge(s) for any services denied as non-covered (not a covered insurance benefit) and listed above and will pay the provider this amount, regardless of the fact that my insurance will not make payment. I also understand that it is my choice to have these services provided by this provider at a future date and time.

Patient/Guardian Signature

Date

Patient/Guardian Name (Printed)

ACCOUNT #

Relationship to Patient

Providers must follow all proper coding regulations. If an appropriate CPT exists that covers several procedures rendered, the providers must use the all-inclusive procedure code and not bill for each procedure separately.

“A Practice Specializing in Women’s Health Care”

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