

Investigative Services Financial Liability Waiver

Today's Date _____

- When should I use an advance waiver form?

To hold a member liable for services that PreferredOne deems investigative but that the patient still wishes to receive. Patient must agree prior to services being rendered that they will be financially responsible.

Patient Name: _____ Member ID: _____

Date of Waiver: _____ Description of Equipment: _____

Codes Billed to PreferredOne: _____ Amount Patient Will Be Liable for: \$ _____

"I have been notified that my provider/physician believes that the services indicated above are deemed investigative by PreferredOne and therefore not covered by my insurance plan. I have decided to receive these services and agree to be personally and fully responsible for full billed charges of these services. I understand that a computer generated Explanation of Benefits (EOB) may not reflect that I am responsible for this charge. I agree regardless of the amount that appears as member responsibility on the computer generated Explanation of Benefits that I am personally and fully responsible for the difference as described above. I also understand that services deemed investigative by my plan are not covered and I am acknowledging financial responsibility. In turn, I know that I am waiving my appeal rights for coverage with my health plan."

By signing this, I fully agree and understand the above information.

Patient Signature _____ Date _____

By signing this, I fully agree and understand that the patient listed above will only be billed the amount as stated above.

Provider Signature _____ Date _____