



# Cosmetic Procedures/ Treatments Financial Liability Waiver

Today's Date \_\_\_\_\_

- When should I use an advance waiver form?

To hold a member liable for services that PreferredOne deems cosmetic 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 cosmetic 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 cosmetic 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 \_\_\_\_\_