



Colon and Rectal Center of East Texas
Advanced Surgical Associates of East Texas

INSURANCE COVERAGE ADVANCED NOTICE SERVICE WAIVER

Physician's Notice

Some health insurance plans will only pay for services that they determine to be "reasonable and necessary". If an insurance plan determines that a particular service, although it would otherwise be covered, is "not necessary and reasonable", the insurance plan may deny payment for that service.

We believe that your health plan is likely to deny payment for **well care visits, screening, and pre-existing conditions, biofeedback or related services, case management services, or completion of life or disability forms.**

Policyholder/Patient Agreement

I, _____ have been informed on this date _____ by my physician and/or staff, that he/they believe that my health plan may deny payment for the service identified above for the reasons stated. If the health plan denies payment, I agree to be personally and fully responsible for payment of the service(s) rendered.

Further, I will pay for these services within 30 days of insurance denial, understanding that the physician will attempt to rebill my insurance(s) on my behalf. If the above physician is paid by my insurance, I will receive a refund for the portion for the bill covered by my insurance less any portion of the payment that is deemed my responsibility.

Policyholder/ Patient Signature

Date

Staff/ Witness Signature

Date