

Alexander Shifrin Medical, P.C.

CONSENT TO OUT OF NETWORK SERVICES

NOTICE TO PATIENTS REGARDING PROVIDER'S NON-PARTICIPATION STATUS

Not all providers participate with all health insurance plans ("Health Plan"). Dr. Shifrin does not have a contract with your Health Plan and is considered an "out-of-network provider" or "non-participating provider".

Receiving medical services from a non-participating provider may result in additional out-of-pocket costs to patients. Patients will be responsible for these costs including any coinsurance, deductible and the difference between the charges billed to the Health Plan and the amounts paid by the Health Plan. This balance is commonly referred to as a "balance bill".

The patient may request an estimate costs for services. This is only an estimate and there may be other charges based on the clinical presentation and the Health Plan benefits.

Patients are responsible to obtain any necessary pre-authorizations or referral letters from their primary care physicians if required by their Health Plans. If services are denied by the Health Plan for failure to obtain such a referral or pre-authorization, the patient will be responsible for full charges.

I understand the above and consent to receiving medical and/or surgical services by this non-participating provider.

I agree to pay for any coinsurance, deductible, balance bill or other patient responsibility amount.

All claim checks received by the patient from the Health Plan must be sent to the Practice within 10 days of receipt to avoid collections.

Signature: _____

Date: _____