

Notice of Noncoverage

Note: If your insurance doesn't pay for item(s) below, you may have to pay.

Your insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance may not pay for the item(s)/ service(s) below.

| Items: | Reason your insurance may not pay: | Estimated cost: |
|-----------|---|-----------------|
| Vitamin D | ...because the tests are experimental or for research | \$85.00 |
| Hepatitis | ...because the tests are experimental or for research | \$120.00 |
| QFT | ...because the tests are experimental or for research | \$200.00 |

WHAT YOU NEED TO DO NOW:

Read this notice, so you can make an informed decision about your care.

- Ask us any questions that you may have after you finish reading
- Choose an option below about whether to receive the item(s)

NOTE: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your insurance cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you

Options 1: I want the item(s) /service(s) listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment, which is sent to me on a Summary notice. I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal to my insurance.

Option 2: I don't want the item(s) / service(s) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if my insurance would pay.

Additional Information: This Notice gives our opinion, not an official insurance decision. If you have other questions on this or insurance billing questions, contact your insurance company.

Signature:

Date:

Signing below mean that you have received and understand this notice. If you would like a copy, please inform staff.