



Election to Pay for Non-Covered Services ("Election")

PATIENT'S NAME _____ (the "Patient")

MEDICAL RECORD #: _____

The undersigned person (the "Undersigned") hereby documents and confirms the following:

- THAT the Undersigned is a Member of the following health insurance plan(s) which pay for all or part of the Patient's health care and related services:

Please list all health insurance coverage that may be available to cover the Patient's health care and related services (collectively, the "Health Plan(s)"), including, but limited to : private indemnity health insurance; employer-sponsored insurance; managed care plans; TriCare; Medicare; Medicaid; HMO's; State Merit; etc. If more that four (4) plans are applicable, please list these on a separate sheet.)

1. _____
2. _____
3. _____
4. _____

- THAT the Undersigned hereby certifies that the list of Health Plan(s), above, represents a true and complete statement of all of the Health Plan(s) which may be liable for the cost of Patient's health care and related services;

- THAT Inner Harbour Ltd. has verified with the Health Plan(s) that certain health care and related services recommended by Inner Harbour's physician(s) are considered by the Health Plan(s) to be non-covered services, such that the Health Plan(s) will have no independent obligation to provide or pay for those services (the "Non-Covered Services") (this provision is subject to any pending or future appeals to any Health Plan(s), described below) :and

- THAT the Undersigned, recognizing that such services are Non-Covered Services, has elected that the Patient receive those Non-Covered Services, and the Undersigned agrees to be financially responsible for paying for all charges accrued in connection with the provision of those Non-Covered Services: and

- THAT the Undersigned's Election to pay for Non-Covered Services, as evidenced by this document, has been made prior to the delivery of any such Non-Covered Services; and

- THAT, in the event that the Undersigned successfully appeals a decision by the Health Plan(s) not to cover all of the Non-Covered Services, this Election shall be null and void, and of no further force and effect, as to those services that become covered services and shall remain in full force and effect as to those remaining Non-Covered Services.

Signature of Undersigned

Date

Signature of Witness

Date

4685 Dorsett Shoals Road • Douglasville, Georgia 30135
800-255-8657 • 770-942-2391
www.innerharbour.org

