PLEASE TAKE NOTICE OF THE FOLLOWING REGARDING THE SCHEDULING OF AN ADMISSION AND OUR LEGAL REQUIREMENTS TO INFORM YOU ABOUT HEALTH BENEFIT PLAN PARTICIPATION:

**Our facility participates in your health benefit plan.**

Facility Participation

As we participate in your plan, you or your representative may request from us the allowed amount paid by your plan and any facility charge that you would incur for the admission.

We must provide this information within two (2) days after receiving such a request.

If we are unable to quote a specific amount a specific amount due to the inability to predict specific treatment or diagnostic codes, we are only required to disclose the estimated maximum amount of facility charges.

You may also obtain additional information in real time about applicable out-of-pocket costs from your insurance carrier’s toll-free number or website.

Waiver of Subsequent Notices

The law requires us to provide this initial notice.

After this initial notice is provided, you may waive this requirement for any subsequent admissions, procedures, or services that are part of a continued course of treatment.

Even if you waive this requirement, we must still inform you if our status as participating in the patient’s health benefit plan changes during a continued course of treatment.

**I hereby waive/do not waive receiving future notices for any subsequent admissions, procedures, or services (resident or representative circles one and places their initials).[\_\_\_]**

**I acknowledge receipt of this notice and have voluntarily answered the above question regarding future notices.**

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Resident, Resident’s Legal Representative or Responsible Party

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Facility Representative

Date: