



ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE
ALL COMMERCIAL INSURANCE & CMS MEDICARE/MEDICAID

ALL EFFECTIVE INSURANCE MUST BE PROVIDED AT THE TIME OF SERVICE

Depending on your benefits, your insurance may not provide coverage for all medical treatment or services. These services include, but are not limited to:

- Injections (administration fee & medicine)
- Breathing treatment (nebulizer, albuterol, and any medical equipment)
- IV Treatments and fluids (initial IV treatment, hydration, medicine, etc.)
- Durable medical goods (crutches, walking boots, splints, slings, ace wrap, etc.)
- Any additional procedures that may be deemed not “medically necessary” according to CMS’s policies & procedures.

Please ask our staff before receiving these services to verify coverage & prices.

You will be **financially responsible** for these services if you do receive them during your visit. Please let our staff know if you would like to refuse any treatment that may not be covered by your insurance company.

By signing below, I understand that my insurance may not cover all services provided at The Urgent Care. I understand there may be an outstanding balance at the end of the visit, for which I am fully responsible. I am aware I will be responsible if my insurance information is not provided in a timely manner.

Patient’s Name (Print)

Date of Birth

Signature of Patient or Legal Guardian(if minor)

Today’s Date