

**Notice required to be provided to patients by physicians seeking assignment of benefits who are classified as non-preferred providers by the patient's insurance company.**

This notice must be printed in at least 12 point type with the following text:

**IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE**

Your doctor is not a part of your health insurer's network. You may pay more for the services provided by your doctor because:

- Your doctor's charge may be higher than the amount your health insurer will pay and, if so, you may be required to pay the difference; and
- Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer's network.

Your doctor may charge you for services not covered under your health insurance contract.

Your doctor will provide you with the following information before performing the services for you:

- An estimate of the cost of the services;
- Any payment terms that apply; and
- Whether your doctor will charge you interest on any unpaid balance, and the amount of the interest, if any.

I, [patient's name] \_\_\_\_\_ received the information above and authorize my health insurer to reimburse my doctor directly for the services provided [today's date]\_\_\_\_\_.