Novant
MEDICAL GROUP

ADVANCED NOTICE

Patients with Commercial Health Insurance (Managed Care Plans) and Medicaid

Some examples of managed care plans include Health Maintenance Organizations (HMO), Point of Service (POS) Plans, and Preferred Provider Organizations (PPO). They will only pay for healthcare services that are determined to be medically needed and are considered "covered services." Covered services are defined in the managed care plan's certificate of coverage or group medical agreement. Every enrolled member is given a copy of these documents. If a managed care plan determines that a service is not medically necessary or is not covered, as defined in its certificate of coverage, then the managed care plan will not pay for the service.

In certain cases, your provider, based on his or her medical opinion, may request that a service and/or test be performed that may not be considered a covered service as defined in your certificate of coverage. Services that a provider may request that may not be considered "covered services" may include, but are not limited, to:

- Wellness physicals;
- School, sports or work physicals;
- Certain screening or diagnostic tests;
- Certain immunizations;
- Skin lesion removal or biopsy;
- DEXA bone mass measurements;
- Other special procedures.

If you have a question or concern about a procedure that may not be covered by your insurance company, we encourage you to contact your insurance company directly.

I understand my managed care plan may not pay for these services. I will receive a statement from my provider's office for any non-covered services. I agree to be personally and fully responsible for timely payment of the amount billed.

_____

Patient Name (please print)

_____

Patient / Authorized Signature Date

Limited English proficiency or hearing impaired:

☐ Interpreter Offered _____ Name / Number of Person / Services Used ☐ Interpreter Refused