



# CarePoint

## N E U R O S U R G E R Y

### **ADVANCE NOTIFICATION OF NONCOVERED OR OUT OF NETWORK ITEMS AND SERVICES AND DISCLOSURE OF OWNERSHIP INTEREST**

If your insurance company or third party payor does not cover all or any part of your procedure, item or service for any reason, including, but not limited to, the provider is out of network or the item, supply or service is not considered by your insurance company or third party payor to be necessary. Types of out of network providers include, but are not limited to, surgical assistants and intraoperative neurophysiological monitoring services.

If you do not have out of network benefits or if the procedure, item or service is not covered, in whole or in part, by your insurance company or third party payor, you will be financially responsible for payment of the charges for the noncovered or out of network procedure, item, supply or service. If you do have out of network benefits and an out of network provider is used to provide any part of your procedure, item or service, you will be financially responsible for a higher patient cost sharing contribution.

While you may ask CarePoint Neurosurgery for assistance in determining whether a procedure, item or service is covered by your insurance company or third party payor and we are happy to assist you, whether a procedure, item or service is covered in whole or in part is ultimately between you and your insurance company or third party payor and CarePoint Neurosurgery, PLLC is not responsible for any coverage or cost sharing determinations made by your insurance company or third party payor. Therefore, you should direct questions regarding insurance coverage and benefits directly to your insurance company or third party payor.

Brent Kimball, M.D. may provide medical services and/or perform procedures on you as a patient of CarePoint Neurosurgery, PLLC. You are hereby notified that Dr. Kimball has an ownership interest in Surgery Center Castle Rock.

**My signature below certifies that I acknowledge, understand and agree that I am financially responsible for all charges and costs that are not covered by my insurance company or third party payor, in whole or in part. I understand and agree that CarePoint Neurosurgery, PLLC and Dr. Kimball use out of network neurophysiological monitoring services, surgical assistants and other services, items, supplies or providers that are out of network or not covered by my insurance company or third party payor. I understand and agree that I will be responsible for paying all charges that are not covered or are out of network, in whole or in part and hereby agree to pay all such charges.**

**Patient or Responsible Party Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relationship if signed by a responsible party other than the Patient:** \_\_\_\_\_