



MEMBER CONSENT FOR FINANCIAL RESPONSIBILITY FOR UNREFERRED/NON-COVERED SERVICES

Applied to all benefit programs in New Jersey and Pennsylvania

MEMBER INFORMATION

MEMBER NAME _____

MEMBER'S ID # _____

PROVIDER INFORMATION

PROVIDER NAME _____

PROVIDER'S ID # _____

SPECIALTY OR DEPARTMENT _____

TYPE OF SERVICE _____

MEMBER MUST COMPLETE THIS SECTION

As a member of: AmeriHealth HMO AmeriHealth PPO AmeriHealth 65 HMO
(Circle one)

I understand that...
(Check the appropriate box):

- A referral from my Primary Care Physician is required for any and all non-Emergency outpatient hospital/ specialist services. I acknowledge that I do not have a referral with me at this time, but I choose to receive the services without the required referral. I understand that without the appropriate referral, I will be held responsible for any payments incurred for these services. (HMO)
- I understand that this is a noncovered service for which my insurance carrier will not make payment and I agree to be financially liable for any payments incurred for these services. I understand that I have the right to appeal this determination. (ANY)
- I understand that certain services will only be covered by my insurance carrier when performed by designated providers or in certain settings (e.g., capitated radiology or lab services, and DME services). I understand and agree that I will be financially responsible for certain services that I choose to receive from the provider noted above rather than the designated network provider or in the appropriate setting. The provider has specifically explained to me the services for which I will be financially responsible. (ANY)
- I understand that I will be responsible for all fees incurred if this visit or any other service precedes the effective date that has been assigned to my enrollment or my dependent's enrollment. (ANY)

Member's signature

Employer name (if applicable)

Date

Employer address (if applicable)

Witness / office staff

City State ZIP

AmeriHealth HMO, Inc. offers HMO plans with a Medicare contract. Enrollment in AmeriHealth Medicare Advantage plans depends on contract renewal.

AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey

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