

Client Name: _____ ID#: _____

Your medical benefit may not pay for all of your health care costs. In order for services to be covered, the treatment must be determined by the payor to be “medically necessary” according to the payors respective standards and policies. The fact that certain services may not be covered under your medical benefit does not mean you should not receive the treatment. There may be a good reason your service provider recommended it.

Examples of non-covered services that your Medical Benefit may not pay:

- Exhausted benefits,
- Services provided beyond benefit limits,
- Authorization not received due to medical necessity criteria,
- Services provided by an out of network/non-preferred provider,
- Court ordered treatments,
- Case management services,
- Non disclosure or insufficient disclosure of full and complete billing information.

Other: _____

If it is determined at a later date that the listed service is covered by your benefit then you will be refunded any payments made that are due to you.

I acknowledge that I am responsible for knowing the limits of my medical coverage. I have chosen to receive the described treatment furnished by VCCC even though it may not be covered by my medical benefit. I take full responsibility for payment of all fees in relation to the above treatment. I understand that I may be eligible for a sliding fee scale, based on my income.

Client Signature

Date

Agency Representative Signature

Date

Note: The purpose of this form is to help you make an informed choice about whether or not you want to receive the recommended services. Please ask for an explanation if you do not understand why your suggested treatment is not covered.