



PATIENT NOTIFICATION FORM

Dear Patient:

University of California, Irvine Healthcare is committed to providing you with the best possible care. Your understanding of our financial policy is important to our professional relationship. Please be advised of the following:

Multiple Bills: If more than one physician participates in your care, you will receive multiple bills from University Physicians & Surgeons. You may also receive University of California, Irvine Healthcare bills for technical charges, such as room charges, procedures, Laboratory, Radiology, etc., which are billed separately from your physician services.

These established financial policy guidelines will be followed in resolving your balance:

- 1. **Private/
Self-Pay and
Pending
State/Local
Eligibility
Determination** Patients without insurance must make suitable arrangements, including a deposit at the time of service and resolution of the account, with payment in full, within thirty (30) days.

You may be eligible for Medicare, Medi-Cal, Healthy Families, MSI or California Children's Services programs. If you think you may be eligible, you may obtain financial screening information, and applications for government-sponsored programs, by contacting Central Registration at 714.456.6401, located in Bldg. 33.

UC Irvine Healthcare has discount payment and charity care policies. Persons, who do not have insurance, do not qualify for government-sponsored programs and meet the requirements, may qualify for a discounted payment or charity care. For more information, please contact Patient Financial Services at 714.456.6324 or 888.456.7003.

Pt's Initials _____

- 2. **MSI** Non-covered services will be billed to me; however, I understand that I may be eligible for discount policies. (Refer to statement one (1) above.) Additionally, I have agreed to pay full estimate of charges for this visit, as applicable.

Pt's Initials _____

- 3. **Commercial
Insurance/
Indemnity and
Senior: POS/
PPO/EPO/
PEFS** Any co-payments, deductibles, co-insurance, non-covered services or amounts in excess of my policy's annual and/or lifetime maximum are due and payable at the time of service. Patients with high medical costs may be eligible for a discounted payment or charity care. Most UC Irvine Healthcare clinics are certified by the state, as "outpatient hospital facilities," not as doctors' offices, and are operated as such. This designation may make a difference in how your insurance considers physician services for payment since services may be considered under a co-insurance and/or deductible rule, rather than a co-payment. Insurances will notify UC Irvine Healthcare after they consider the claim for payment and then UC Irvine Healthcare will bill accordingly.

Pt's Initials _____

- 4. **Out of Network/
Point of Service** I'm electing to use out of network, or point of service, coverage for today's services. I acknowledge this choice will result in higher out of pocket expenses for me.

Pt's Initials _____

- 5. **Medicare** Excluded services from the Medicare program will be billed to me. For other services which may be denied, I will be asked to sign an Advance Beneficiary Notice (ABN), and be provided with the estimated cost of the services, should Medicare deny payment to the provider.

Pt's Initials _____

- 6. **HMO** I agree to pay any co-payments, non-covered or non-authorized services, as well as amounts in excess of annual and/or lifetime maximum benefits, which are due and payable at the time of service.

Pt's Initials _____

- 7. **State/Local
Coverage** Co-payments, deductibles, Share of Cost (SOC) or excluded services are due and payable at the time of service. Some Medi-Cal plans (e.g. Limited Scope) only cover specific types of services. I understand that I will be billed for non-covered services.

Pt's Initials _____

Authorizations: Patients not confirming prior authorization and/or requesting services when authorization has been denied, or has not been obtained, will be billed as a private/self-pay.

Collection Measures: Accounts unresolved within forty-five (45) days may be referred to an outside agency for further follow up, reported to the local credit reporting bureau and may result in legal proceedings. In order to make payment arrangements, please call Customer Service at 714.456.6324 or 888.456.7003 for the medical center's bills and the number indicated on your statement for physicians' bills.

My signature below acknowledges that I understand my financial responsibilities and have received a copy of this form.



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