

Lake Point Womens Centre

Dear Patient:

I am informing you in advance that a service may not be covered because your insurance company may determine that it is not “reasonable and necessary”. Although this wording implies that such services are not medically necessary and/or routine, I must emphasize that, in my professional judgment, these services are needed in order to render high quality care to you.

The following are some guidelines that may result in denial of service(s).

Expenses are not payable due to Employer Plan Provisions:

- Plan maximum are not covered under plan provisions
- Not eligible for coverage on the date(s) services rendered
- Routine physical or other examination or other preventative service
- Payment reflects carrier’s determination of the usual and customary charge for this service
- Expenses are not payable due to other benefit limitations on this plan and are the responsibility of the insured
- Routine services are not covered
- Pre-existing conditions may not be covered
- Other_____

By signing this statement, you are agreeing to pay for service(s) rendered, even if your insurance carrier determines that, according to its guidelines, the services are not “reasonable and necessary”.

Print Patient Name

Patient’s Signature

Date

Guardian’s Signature (if patient is a minor)

Date

Witness’s Signature

Date