PPO/HMO

ADVANCED BENEFICIARY NOTICE

PPO patients are not guaranteed coverage for services provided by Pulmonary Consultants based on the following:

- Verification of Eligibility & Benefits <u>does not guarantee the PPO/HMO will pay for the services</u> rendered to the patient. Patient will be responsible for all services.
- Services provided are not within the <u>Geographic Network</u> of the HMO. Patient will be responsible for all services.
- Services provided <u>were not within the patient's PPO Network</u>, which will result on higher out of pocket expenses for the patient. Patient will be responsible for all services.
- Eligibility & Benefits <u>cannot be verified</u> prior to services rendered. Patient will be responsible for all services.
- No <u>Authorized Referral</u> for treatment or care on file. Patient will be responsible for all services.
- Treatment of the patient may be deemed <u>Medically Unnecessary</u> by the PPO/HMO. Patient will be responsible for all services.
- Services and Treatment Options which are <u>not covered</u> by the PPO/HMO. Patient will be responsible for all services.
- Patient Failure to <u>present current insurance information</u> at the time of service. Patient will be responsible for all services.
- Patient Failure to get a proper <u>Authorization from their PCP</u>. Patient will be responsible for all services.
- <u>Invalid PPO/HMO</u> Insurance Information provided at the time of service. Patient will be responsible for all services.
- Pulmonary Consultants <u>is not contracted</u> with Patient's PPO/HMO Plan. Patient will be responsible for all services.
- PPO/HMO Patients are responsible for <u>all copays, coinsurances and deductibles</u> as applied by both contracted and non-contracted plans.

  I understand the PPO/HMO may deny payment for the services provided based on the items listed above. I agree to be personally responsible for full payment if the PPO/HMO denies payment for services provided today.

Name of Patient:_____   Date:_____