

UNIVERSITY OF NEW HAVEN HEALTH SERVICES – PATIENT FINANCIAL RESPONSIBILITY NOTICE
PLEASE READ CAREFULLY

We are committed to providing you with the highest quality of health care. We ask that you read and sign this Notice to acknowledge that you understand your financial responsibilities for the health care you receive at and/or through the Health Service. You may ask questions of the Health Service staff regarding the information on this Notice at any time.

This Notice pertains to referrals made by the Health Service to outside providers and facilities, e.g., physicians, Hospital ER, Urgent Care, Laboratory (including but not limited to specimens collected at the Health Service and sent out for analysis such as throat cultures, etc.) and Radiology, etc.

In the event your health insurance plan does not provide coverage in full for the services rendered at and/or through referrals made by the Health Service, for any reason, you will be billed and held financially responsible for the services.

It is your responsibility to be aware of your health insurance plan coverage, policy provisions, exclusions, limitations as well as prior authorization requirements. This information can be obtained from your plan or insurance carrier. Please review your insurance coverage, and if you are unsure about whether or under what circumstances a service is covered by your health plan, contact your health insurance plan directly for information.

Here is some general information to help you better understand health insurance plan terminology. Remember, though, that terminology may vary from plan to plan and you are responsible for understanding the terms of your own health insurance plan.

- **Co-insurance** – Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.
- **Co-pay** – A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service and usually only after you’ve met any deductible that applies to that service. The amount can vary by the type of covered health care service.
- **Deductible** – The amount you owe for covered health care services your health insurance plan before your health insurance plan begins to pay. For example, if your deductible is \$1,000, your plan won’t pay anything until you’ve met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.
- **Excluded (non-covered) Services** – Health care services that your health insurance plan doesn’t pay for or cover.
- **Prior Authorization** – An advance decision by your health insurance plan that a health care service, referral, treatment plan, prescription drug or other item is medically necessary. It’s sometimes called preauthorization, prior approval or precertification. Your health insurance plan may require prior authorization for certain services before you receive them, except in an emergency. Prior authorization is *not* a promise your health insurance or plan will cover the cost. If your plan requires a prior authorization and you do not obtain one, your plan may not cover the service.

Please remember that you are responsible for responding to any request from your health insurance plan for further information. Failing to respond to such a request in a timely manner may result in your claim being denied and you will be responsible for payment. Also, if you have any changes in your insurance coverage – even if there is only a small change, you must notify our office and provide us with the new card. Even a small discrepancy on a claim can lead to a denial by the insurance carrier.

I acknowledge that I have read and understood this financial responsibility Notice.

Patient Signature

Patient Printed Name

Date of Birth

Student ID Number

Date