

# GREENWICH EAR, NOSE & THROAT

## Patient Waiver for Non-Covered Services

We understand that navigating insurance can be confusing. This information aims to help you make informed decisions about your health care.

While your insurance covers many health care services, it doesn't cover everything. Some services may be considered:

- **Non-covered:** These services are not part of your specific insurance plan's benefits.
- **Experimental or Investigational:** These services are newer and require further research before being considered standard treatments.
- **Your health care provider has recommended the following service(s) as part of your treatment plan:**

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However, your insurance may not cover these services for the following reason(s):

- \_\_\_ This service is not considered medically necessary by your insurance plan.
- \_\_\_ This service is not covered as a benefit under your specific plan.
- \_\_\_ This service is considered experimental or investigational by your plan.

If you choose to proceed with this service, you will be personally responsible for the cost.

We encourage you to:

- Discuss your options with your health care provider.
- Contact your insurance company directly to understand your specific coverage.
- Ask your health care provider about alternative options that may be covered by your insurance.
- We aim to provide you with the best possible care and transparency about your financial responsibility.

I acknowledge that I have consented to the service or procedure. I understand that I am financially responsible for the cost indicated above.

Patient's Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_