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 Patient Name

Policy Number

Provider Name and Address

Roman Family Practice, PLLC

3106 S. WS Young Dr.

Suite B-203

Killeen, TX 76542-2000

**Insurance Non-Covered Release**

To the patient: Insurance companies will only pay for services that is determines to be reasonable and necessary under the insurance policy. If your insurance company determines that a particular service, although it would be otherwise covered, is not reasonable and necessary under its policy standards, your insurance will deny payment for that service. As your provider, I feel that the service(s) listed bellow are in your medical interest. I believe that, in your case, your insurance is likely to deny payment for the reason stated blow.

*I have been notified by my provider that he/she believes that, in my case,* ***the insurance company is likely to deny payment for the services(s) identified below*** *for the reason(s) stated. If the insurance company denies payment, I agree to be personally and fully responsible for the payment of said services.*

Date

Patient Signature

Patient Name (print)

Date

Responsible Party’s Signature

Responsible Party’s Name (print)

Charge

Pt. Initials

Date

Service

Reason

Charge

Pt. Initials

Date

Service

Reason

Charge

Pt. Initials

Date

Service

Reason

1. Your insurance does not usually pay for this many visits or treatment.
2. Your insurance usually does not pay for this service.
3. Your insurance usually pays for only one nursing home visit per month.
4. Your insurance usually does not pay for this shot.
5. Your insurance usually does not pay for this many shots.
6. Your insurance does not pay for this because it is a treatment that has yet to be proven effective.
7. Your insurance does not pay for this office visit unless it was needed because of an emergency.

CIRCLE ONE: MEDICAID MEDICARE P.C.A TRI-CARE/FOUNDATION HEALTH OTHER

1. Your insurance usually does not pay for like services by more than one doctor during the same time period.
2. Your insurance usually does not pay for this many services within this time period.
3. Your insurance usually does not pay for more than one visit a day.
4. Your insurance usually does not pay for such an extensive procedure.
5. Your insurance usually does not pay for like services by more than one doctor for the same or similar specialty.
6. Your insurance usually does not pay for this equipment.
7. Your insurance usually does not pay for this lab test.