The faculty practice of the University of Hawai`i John A. Burns School of Medicine

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AGREEMENT OF FINANCIAL RESPONSIBILITY

This form is to help you make an informed choice about whether or not you want to receive these items or services knowing that you might have to pay for them yourself. Before you make a decision about your option, you should read this entire notice carefully. Ask us to explain, if you don't understand why your insurance probably won't pay.

Section 1: Notice from Provider to Patient

Your health insurance plan does not pay for everything, even care that you or health care provider have reason to think you need. Your insurance plan will only pay if their rules are met. We think that your insurance plan may not pay for the items and services listed below. If your insurance does not pay for the items and services listed below, you may have to pay.

You are being advised prior to services rendered of specific services to be provided and the estimated cost of those services. Please write your initials in the boxes below for the services for which you agree to accept financial responsibility.

Name of provider: ____ DOS:____________

Service(s):

Pt Initial	CPT	Description	Estimated Charge

Total Estimated Charge: $_______________

THIS AMOUNT DOES NOT INCLUDE LABORATORY, PATHOLOGY, OR HOSPITAL CHARGES.

Section 2: Patient Acknowledgement

Print Name of Patient: ____ MRN: __________________

I am the patient or responsible party. I understand that my health insurance plan may not pay for the services listed above. I have been told what the expected cost will be. I understand that the expected cost is only an estimate and may not be the actual or total amount I will be responsible for. I have been informed and have signed this agreement before receiving the described services. I have been told why I may be billed and I agree to pay the bill in full.

____ ____________________

Signature of Patient of Responsible Party Date

____ ____________________

Print Name of Responsible Party, if Applicable Date