PLEASE TAKE NOTICE OF THE FOLLOWING REGARDING THE SCHEDULING OF AN ADMISSION AND OUR LEGAL REQUIREMENTS TO INFORM YOU ABOUT HEALTH BENEFIT PLAN PARTICIPATION:

**Our facility participates/does not participate in your health benefit plan (facility rep circles one and places their initials).[\_\_\_]**

Facility Participation

If we participate in your plan, you or your representative may request from us the allowed amount paid by your plan and any facility charge that you would incur for the admission.

We must provide this information within two (2) days after receiving such a request.

If we are unable to quote a specific amount a specific amount due to the inability to predict specific treatment or diagnostic codes, we are only required to disclose the estimated maximum amount of facility charges.

You may also obtain additional information in real time about applicable out-of-pocket costs from your insurance carrier’s toll-free number or website.

 Facility Non-Participation

If we do not participate in your health benefit plan, you will be responsible for the charges not covered through your plan.

Our daily rate for your admission is \_\_\_\_\_\_\_\_\_\_ per day for each day of nursing facility care and services we provide to you. These and other charges are outlined in the facility’s contract of admission

You may be able to obtain the services that we provide at a lower cost from another facility that participates in your plan.

You may also obtain additional information in real time about applicable out-of-pocket costs from your insurance carrier’s toll-free number or website.

If your admission is scheduled **more than 7 days in advance** of the admission, we are required to inform you that we do not participate in your health plan verbally and in writing at the time of scheduling (no less than 7 days before the admission).

If your admission is scheduled **less than 7 days in advance** of the admission, we are required to verbally inform you that we do not participate in your health plan, at the time of scheduling (no less than two days or as soon as practicable before the admission). We must also provide written notice upon your arrival for the admission.

Waiver of Subsequent Notices

The law requires us to provide this initial notice.

After this initial notice is provided, you may waive this requirement for any subsequent admissions, procedures, or services that are part of a continued course of treatment.

Even if you waive this requirement, we must still inform you if our status as participating in the patient’s health benefit plan changes during a continued course of treatment.

**I hereby waive/do not waive receiving future notices for any subsequent admissions, procedures, or services (resident or representative circles one and places their initials).[\_\_\_]**

**I acknowledge receipt of this notice and have voluntarily answered the above question regarding future notices.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                                              Resident, Resident’s Legal Representative or Responsible Party

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Facility Representative

Date: