

WILLOWS PEDIATRIC GROUP
ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE OR QUESTIONABLE COVERAGE

Patient Name: _____

Your Insurance Company: _____

Here at Willows Pediatrics we believe certain tests, procedures, vaccines, or services that might not be covered by your insurance company are still VERY important to offer to you. We believe all care should be offered to any of our patients regardless of insurance coverage. Willows will explain the service we are offering, then you can make a decision as to whether you want your child to have the test, procedure, vaccine, or service.

<u>Offered Test/Procedure/Service/Vaccine</u>	<u>Reason Company Might Not Pay</u>	<u>Estimated Cost</u>
COVID-19 TEST – Nasal Swab	Service Fee Will not be submitted to your insurance company	\$50.00 Payment due at time of service Credit card or check (no cash)

SERVICE FEE INCLUDES:

- Obtaining specimen
- Sending to lab either Quest or Norwalk Hospital
- Receiving results (CANNNOT GUARANTEE TURN AROUND TIME)
- Reporting results to patient/family:
 - Results can either be picked up or we will email them to you, but you certify by signature below that you understand that the email is NOT HIPPA compliant and you give us permission to send.

Email: _____

WHAT YOU NEED TO KNOW:

- Please read this notice so you can make an informed decision about the care being offered
- Ask us any questions that you may have after you finish reading
- Check the box below if you want the service

OPTION:

I want the service listed above. We will submit to your designated insurance company only a processing specimen fee so that your insurance company is aware that the test was obtained. You will also receive a charge from the laboratory that the specimen is sent to. **If the submitted charge for the test from the laboratory is not recognized for payment and it comes back uncovered, experimental, or other such language by your insurance company, then you agree to pay for any billing from Quest or Norwalk Hospital. Willows would not have any ability to negotiate these charges for you. It would be handled between you the patient/family and Quest or Norwalk Hospital.**

ADDITIONAL INFORMATION:

Test being done = SARS-CoV-2 RNA, PCR, NAAT. CPT Code 87635
 Please contact your insurance company if you have a question as to whether the laboratory fee will be covered. The code and test is given above. We have no knowledge as to how insurance companies are reimbursing the laboratories that are running the test. Willows Pediatrics does not offer an official decision about coverage.

Signature: _____ Date: _____

Print Name: _____ Relationship to Patient: _____

Person Responsible for Bill Signature: _____ Print Name: _____