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**ALL COMMERCIAL INSURANCE &
CMS MEDICARE/MEDICAID
ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE**

Please note that your insurance may not provide coverage for all medical treatment or services.
These services include, but are not limited to:

- Injections
- IV Treatments and fluids
- Durable medical goods (Ex: crutches, walking boots, splints, slings, etc.)
- Any additional procedures that may be deemed not “medically necessary” according to CMS’s policies & procedures.

You will be **financially responsible** for these services if you do receive them during your visit.
Please ask our staff before receiving these services to verify coverage & prices.

→PLEASE NOTE: ALL EFFECTIVE INSURANCE MUST BE PROVIDED AT THE TIME OF SERVICE.

I AM AWARE I WILL BE RESPONSIBLE IF MY INSURANCE INFORMATION IS NOT PROVIDED IN A TIMELY MATTER.

By signing below, I understand that my insurance may not cover all services provided at The Urgent Care. I understand there may be an outstanding balance at the end of the visit, for which I am fully responsible.

Patient/Legal Guardian’s Signature

Date:
