*MRN#*_____

*DOB:*_____

4 Vanderbilt Park Drive, Suite 100, Asheville, NC 28803-1700
(828) 258-0397 FAX (828) 258-3390
www.carolinaim.com

OUT OF NETWORK ACKNOWLEDGEMENT FORM

I acknowledge that Carolina Internal Medicine Associates, PA is considered either out-of-network provider or is not my primary care Physician for my insurance plan. I understand that as a result:

- My insurance may cover services at a reduced rate, or not at all.
- I will be responsible for paying the full cost of services rendered that is not covered by insurance.
- It is my responsibility to verify my insurance coverage and benefits for out-of-network services.

By signing below, I acknowledge that I understand the above information and agree to accept financial responsibility for any services not covered by my insurance.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____