

UNIVERSITY OF NEW HAVEN HEALTH SERVICES PATIENT FINANCIAL RESPONSIBILITY NOTICE
PLEASE READ CAREFULLY

We are committed to providing you with the highest quality of health care. We ask that you read and sign this Notice to acknowledge that you understand your financial responsibilities for the health care you receive at and/or through the Health Service. You may ask questions of the Health Service staff regarding the information on this Notice at any time.

This Notice pertains to referrals made by the Health Service to outside providers and facilities, e.g., physicians, Hospital ER, Urgent Care, Laboratory (including but not limited to specimens collected at the Health Service and sent out for analysis such as throat cultures, etc.) and Radiology, etc.

In the event your health insurance plan does not provide coverage in full for the services rendered at and/or through referrals made by the Health Service for any reason, you will be billed and held financially responsible for the services.

It is your responsibility to read the coverage policy provisions, exclusions, limitations as well as prior authorization requirements. This information can be obtained from your own health insurance plan.

x

Coinsurance – You share of the costs of a covered health care service,