

ROGUE MENTAL HEALTH SOLUTIONS

15 Crater Lake Ave
Medford, OR 97504

Phone: (541) 770-5100 Fax: (541) 770-5070

Pamela Rivera, MS, PMHNP, BC
Shannon Sheats, MS, PMHNP, BC

Out-of-Network / Non-Participating Advance Patient Notice Form

You are seeking service(s) from Rogue Mental Health Solutions, who are non-preferred, out-of-network or non-participating provider(s) for your insurance(s).

You have the right to receive service(s) at a participating facility or clinic by a participating provider(s) with your insurance(s) company in order to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network provider or facility to provide the service(s), please contact your insurance customer service, at the telephone listed on your insurance identification card.

To be completed by the patient or patient's legal guardian:

By placing my signature on this waiver form below, I acknowledge the following:

1. I am aware that RMHS does not participate with my insurance(s) discounts or write-offs.
2. I understand that I may be responsible for additional costs for all services provided by RMHS, as specified in my benefit contract.
3. I was given an opportunity to contact my insurance before obtaining services by RMHS, to confirm
 - a. My benefits for these service(s)
 - b. To obtain prior authorization if needed
 - c. To obtain names of participating providers and or facilities that can provide the recommended services.
4. I understand that absent special circumstances (e.g., financial hardship), the non-participating provider is prohibited from waiving co-payments, deductibles, co-insurance or other member cost sharing amounts.
5. I am voluntarily choosing on behalf of myself or my child/legal guardian to obtain services from RMHS.
6. I agree to notify RMHS immediately if there are any insurance changes.

Name of Insurance

Signature of Patient, Parent (if pt under 18) or Legal Guardian

Date:

Printed Name of Patient, Parent (if pt under 18) or Legal Guardian

Patient DOB