



**Member Consent for Financial Responsibility for Unreferred/Non-covered Services**

## Member Information

Member Name \_\_\_\_\_

Member's ID #

## Provider Information

Provider Name

Provider's ID #

Specialty or Department \_\_\_\_\_

Type of Service \_\_\_\_\_

**Member must complete this section**

**As a member of:** Keystone Health Plan East (HMO) Personal Choice® (PPO)  
(Circle one) Keystone 65 (HMO) Personal Choice<sup>SM</sup> 65 (PPO)

### *I understand that...*

**Parallel structure**  
(Check the appropriate box):

- A referral from my Primary Care Physician is required for any and all non-Emergency outpatient hospital/specialist services. I acknowledge that I do not have a referral with me at this time, but I choose to receive the services without the required referral. I understand that without the appropriate referral, I will be held responsible for any payments incurred for these services. (HMO)
- I understand that this is a noncovered service for which my insurance carrier will not make payment and I agree to be financially liable for any payments incurred for these services. I understand that I have the right to appeal this determination. (ANY)
- I understand that certain services will only be covered by my insurance carrier when performed by designated providers or in certain settings (e.g., capitated radiology or lab services, and DME services). I understand and agree that I will be financially responsible for certain services that I choose to receive from the provider noted above rather than the designated network provider or in the appropriate setting. The provider has specifically explained to me the services for which I will be financially responsible. (ANY)
- I understand that I will be responsible for all fees incurred if this visit or any other service precedes the effective date that has been assigned to my enrollment or my dependent's enrollment. (ANY)

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*Member's signature*

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*Employer name (if applicable)*

Date

*Employer address (if applicable)*

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*Witness / office staff*

City

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**State**

ZIP

*Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.*

Independence Blue Cross offers products directly through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.