

67252 Industry Lane, Covinton, LA. 70433
PH: 985-809-9888
www.fairwaymedical.com

Notice of Contracted Insurance Providers Participating Provider

Patient Name:	Account Number:	MR #	DOS:
Date of Birth:	Age	Gender	Admitting Physician:

Based on the Fairway Medical Center insurance verification guidelines; your health plan is/are:

Insurance Name (1) _____ Policy Number _____

Policy: In-Network Out-of-Network N/A

Insurance Name (2) _____ Policy Number _____

Policy: In-Network Out-of-Network N/A

Notice of Balance Billing Disclosure

Professional services rendered by independent healthcare professionals are not part of the hospital, ASC, in-patient Hospice, SNF, or ARCP bill. These services will be billed to the patient seperately. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see or be examined by all physicians or healthcare professionals participating in your care; for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital, ASC, inpatient Hospice, SNF, or ARCP services. These independent healthcare professionals may not participate in your health plan and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for co-payments, coinsurance, deductibles, and non-covered services.

Patient Signature: _____

Date: 09/21/17