

## WAIVER

### PHYSICIAN NOTICE:

Health Advantage will not cover services that it determines are not medically necessary or that it classifies as either experimental or investigational in nature. If Health Advantage determined that a particular service, although it would otherwise be covered, is not medically necessary or is experimental or investigational under Health Advantage benefit plan, Health Advantage will deny payment for that service. I believe that, in your case, Health Advantage is likely to deny payment for:

\_\_\_\_\_ for the following reasons:  
\_\_\_\_\_.

The charge for this service will be \_\_\_\_\_.

### MEMBER AGREEMENT:

"I have been notified by my physician that he or she believes that, in my case, Health Advantage is likely to deny payment for the services identified above, for the reasons stated. If Health Advantage denies payment for lack of medical necessity or on grounds of the experimental or investigational nature of the services, I agree that I will not look to Health Advantage to cover these services and that I shall be personally and fully responsible for payment for all such services including any follow-up services that may be required to complete the treatment or to repair any damage or address any complication of the treatment.

\_\_\_\_\_ Date: \_\_\_\_\_  
Member's signature