

Do you agree to pay more for out-of-network care and give up important legal protections?

This doctor or provider is not in your health plan's network. This means the doctor or provider does not have a contract with your plan.

If the service or supply is medically needed:

- State law protects patients with some types of health plans from higher bills from out-of-network providers. If you sign this form, you lose the protection of the law.
- If you sign this form, you agree to pay up to the full billed charges for these services and supplies.
- Your health plan might not count the extra amount you pay toward your out-of-pocket limit.
- Before you sign this form, you can ask your health plan to find an in-network provider. If there isn't one, your health plan might work out an agreement with this provider or another provider.
- If you have a plan that is an HMO (health maintenance organization) or EPO (exclusive provider benefit plan), it may not pay anything for out-of-network services and supplies.
- You should **not** sign this form if you believe your case is an emergency.
- You should **not** sign this form if you did not have a choice of providers. For example, if a doctor was assigned to you.

Estimate of what you may pay

Patient name: _____

Out-of-network doctor or provider name: _____

The charges may change if the type or amount of services or supplies changes.

Total estimate of what you may need to pay (insurance will not cover):	\$
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- ▶ **Detailed estimate.** See Page 3 for the estimated charge for each service or supply you get.
- ▶ **Call your health plan.** Your plan may have better information about how much you may need to pay. You also can ask about your provider options.
- ▶ **Questions about your rights?** Call the Texas Department of Insurance at 1-800-252-3439 or go to www.tdi.texas.gov.

