



Member Out-of-Network Facility/Provider Benefits Acknowledgement

A. Patient's Information

1. Name	2. Member ID Number
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B. Out-of-Network Facility/Provider's Information to Which Member is Being Referred

1. Name	2. Address (Street, City, State, ZIP Code)
3. Contact	

C. Provider Authorization

I have disclosed the following information to the member:

- Facility/provider is not participating in the Aetna network;
- The member's benefits plan may therefore provide reduced, or no benefits;
- The out-of-network facility/provider may bill the member for amounts other than deductibles, co-payments, coinsurance, and medical services not covered under the member's benefits plan;
- The out-of-network facility/provider may bill the member for amounts in excess of any amounts required under the members benefits plan;
- Available sources for finding Aetna in-network providers include Aetna's DocFind® online provider directory at www.aetna.com, the Aetna phone number located on the member's ID card, or the county medical association;
- The out-of-network facility/provider may collect from or bill the member for any medical services or cost shares not covered under the member's benefits plan. This includes deductibles, co-payments and coinsurance.

Facility/Provider Signature	Date (MM/DD/YYYY)
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D. Member Notice and Acknowledgement (For use with Aetna members with out-of-network benefits.)

I understand I am receiving services at an out-of-network facility/provider, and as a result, my benefits plan may provide reduced, or no benefits.

I understand I may be financially liable for out of pocket costs incurred in addition to deductibles, co-payments, and coinsurance and for medical services not covered under my benefits plan.

I have discussed available alternatives with the referring physician.

After receipt of the information contained on this form, I understand the possible additional costs I may be responsible for by using the out-of-network provider indicated above.

Member Signature	Date (MM/DD/YYYY)
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This form is provided as a resource. Physician is free to use his or her own form or other method of documentation.