Acknowledgement and Financial Responsibility Statement

FOR US FAMILY HEALTH PLAN ONLY

As outlined in the TRICARE Operations Manual **6010.59-M**, April 1, 2015, a network provider may not require payment from beneficiaries for any excluded services that the beneficiary received from the network provider and the beneficiary is "held harmless". Excluded or excludable services include TRICARE statutory exclusions (e.g. cosmetic procedures, certain durable medical equipment items or supplies) or services considered to be unproven or experimental. Providers are required to follow all applicable prior authorization requirements, as Hold Harmless provisions apply. Specifically, Chapter 5, Section 1, Network Development, states the following:

3.5 Billing For Non-Covered Services (Hold Harmless)

3.5.1 A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e., the beneficiary will be held harmless) except as follows:

- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary, the provider may bill the beneficiary for services provided.
- If the beneficiary was informed that the services were excluded or excludable and he/she agreed in advance in writing to pay for the services, the provider may bill the beneficiary. An agreement to pay must be evidenced by written records ("written records" include for example: 1) provider notes written prior to receipt of the services demonstrating that the beneficiary was informed that the services were excluded or excludable and the beneficiary agreed to pay for them; 2) a statement or letter written by the beneficiary prior to receipt of the services, acknowledging that the services were excluded or excludable and agreeing to pay for them; 3) statements written by both the beneficiary and provider following receipt of the services that the beneficiary, prior to receipt of the services, agreed to pay for them, knowing that the services were excluded or excludable). General agreements to pay, such as those signed by the beneficiary at the time of admission, are not evidence that the beneficiary knew specific services were excluded or excludable.

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I have been advised that the following services are not covered benefits under the US Family Health Plan:

Procedure Code	Description of Service	Charges

I acknowledge that the US Family Health Plan will not pay for these services. I further acknowledge that I am financially responsible for the cost of the services.

Provider Name & NPI #	
Member Name	
Member ID Number	

Member Signature _____ Date Acknowledged and Signed _____

Provide copy to member and retain original in member file.