

## Southpointe Pediatrics Out of Network Covered Health Services Waiver

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Referral Specialty/or other healthcare item or service: \_\_\_\_\_

By signing below, I understand the following per Indiana House Bill 1273:

An out of network provider may be called upon to render health care items or services to the covered individual during the course of treatment.

- (1) That an out of network provider described in subdivision (1) is not bound by the provisions that apply to health care items or services rendered by a network provider under the covered individual's health plan.
- (2) That the covered individual may contact the covered individual's health plan before receiving health care items or services rendered by an out of network provider described in subdivision (1):
  - a. to obtain a list of network providers that may render the health care items or services;
  - and
  - b. for additional assistance.

X \_\_\_\_\_

Parent or Legal Guardian