



As of January 1, 2018, Indiana State Law requires you, the legal parent

of _____, to sign that you were made aware of the following;

- A. That 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.
- B. That an out-of-network provider described in subdivision (1) is not bound by the payment provisions that apply to health care items or services rendered by a network provider under the covered individual's health plan.
- C. 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.

The notice requirement does not apply to the following:

- 1. A referral for treatment of an emergency condition;
- 2. The referring physician is treating a patient for an emergency medical condition;
- 3. A referral is for services to an inpatient in a hospital;
- 4. A referral is to a physician in the same provider group as the referring physician or to a physician not specifically identified by name;
- 5. A referral is for a patient covered by Medicaid;
- 6. A referral is for a patient covered by workers' compensation insurance; or
- 7. A referral is for a patient who is uninsured.

I have received a list of specialists that my provider's office may schedule my child's appointment with. This list does not guarantee they are in my insurance company's network. I am responsible for ensuring that my child's appointment and/or services stay in-network. I will not hold my provider's office responsible if I am scheduled or sent out-of-network.

Parent Signature: _____ Date: _____