



Minnesota Health Care Programs (MHCP)

Advance Recipient Notice of Non-covered Service/Item

MHCP does not pay for everything, even some services or items that you or your health care provider has good reason to think you need. MHCP does not pay for the non-covered service/item listed below. Your health care provider is allowed to charge you and you will have to pay if you choose to get this service or item. Before signing this form:

- Read this notice and the instructions so you can make an informed choice about your care
Ask your health care provider any questions that you may have

Provider: Print both pages of this form; keep one copy in recipient file, give one copy to recipient.

Recipient Information

Table with 5 columns: RECIPIENT LAST NAME, FIRST NAME, MI, MHCP RECIPIENT ID #, DATE OF BIRTH

Table with 2 columns: Non-covered service/item - description (and code, if available), Services outside of provider contract; Reason(s) service/item is not covered by MHCP, Contrace may not pay for some services; Alternate covered service(s)/item(s), Spinal manipulation, Spinal x-ray, Acupuncture for pain; Estimated cost of non-covered service/item, Starting at \$15.00; Terms of payment, Due at time of service

Recipient Signature - Read the statement below, check the box if you understand and agree, sign and date.

Signature form with checkboxes and text: I want the non-covered service/item listed above. I understand that: The service or item is not covered by MHCP, I will have to pay for the service or item listed above, A different service or item may be covered by MHCP and I do not want that service or item, The provider may have asked for authorization and the authorization was denied, The provider will not bill MHCP for a service or item never covered by MHCP and I cannot appeal if MHCP is not billed, If the item requires repair, I will have to pay for the repair

Provider Signature

Individual Providers - If you were the person who explained this form and discussed available options, complete:

- Individual Provider Name
Individual NPI/UMPI
Individual Provider Signature/Date fields

Group Providers - If someone within your organization explained this form and discussed available options, use your group NPI and have the health care representative (assistant, patient care coordinator, etc.) complete:

- Group Provider Name
Group NPI/UMPI
Authorized Healthcare Representative Signature/Date fields, signed by the facility's designated representative

Table with 4 columns: INDIVIDUAL PROVIDER NAME, INDIVIDUAL NPI/UMPI, INDIVIDUAL PROVIDER SIGNATURE, DATE; Multiple Providers, DC, LAc, Multiple; GROUP PROVIDER NAME, GROUP NPI/UMPI, AUTHORIZED HEALTHCARE REPRESENTATIVE SIGNATURE, DATE; Comprehensive Health Clinics, 1083785679, 01/01/2020