Brain & Spine Center of Southeast Texas
Member Advance Notice Form for the Involvement of a Non-Participating Provider

Your physician or other health care professional has decided to involve a non-participating physician, facility or other health care provider in your care. In order to assist you in making informed decisions regarding your health care, we ask that you sign this form to indicate you have had a discussion with your physician or other health care professional about your option to utilize a participating provider and you have agreed to receive services from a non-participating provider despite potential increased out-of-pocket costs associated with that decision.

Please note that if you have out-of-network benefits under the terms of your benefit plan, you may utilize those benefits to receive services from a non-participating provider. You may be responsible for the entire cost of the services. If you have questions or would like to find a participating provider you can, however, it is important you understand that you may have higher out-of-pocket costs when using a non-participating provider based on your benefit plan. Please also note that if you do not have out-of-network benefits under the terms of your benefit plan and you receive services from a non-participating provider, you may be responsible for the entire cost of the service. If you have questions or would like to find a participating provider that can perform the services you require, please ask your physician or other health care professional to arrange for the use of a participating provider. You can confirm the participating status of providers by contacting your insurance plan at the telephone number on the back of your health plan ID card. You may also log onto most insurance websites to search on the online provider directory for a participating provider in your area.

To be completed by the number's physician or other health care professional:
Physician/Health Care Professional Name: Erwin Lo, Sujin Yu, Cheryl Salder, Clifton Hancock, Hassan Chahadeh, Arshad Khan
Physician/Health Care Professional Tax ID #: 463246561
Member Name:
Member ID #:

Non-Participating Physician/Facility/Healthcare provider name: SpineTECH Surgery Center, Dowlen Center for Pain
Type of Service Non-Participating Provider will Render: EMG, Pain Management Injection, SCS Trial/Implant, Surgery
Reason for Involving Non-Participating Provider: Proximity, provider reputation, patient convenience, quality of care

To be Completed by the member of the member/s legal guardian:
I am aware that the physician, facility or other health care provider listed above will be involved in my care of the date of service listed above and I understand that this health care provider is not a participating provider in my insurance network. I was provided and declined the opportunity to select a participating provider to provide the health care services indicated above and voluntarily choose to obtain services from a non-participating provider. I am aware that I may be responsible for any additional costs resulting from my use of a non-participating provider, if I provide in my benefit plan. I understand that non-participating providers are generally prohibited from waiving member cost share amounts such as copayments, deductibles and coinsurance.

Signature of Member, Parent (if member is under age 18) or Legal Guardian

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Printed Name of Member, Parent (if member is under age 18) or Legal Guardian

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Date Telephone Number