



2018 Clinch Avenue
Knoxville, Tennessee 37916

Patient Notice Regarding Insurance Coverage-TN Pub. Ch. 840

East Tennessee Children's Hospital (ETCH) is required to provide you the following information. If you have questions about this information, please contact our Business Office at 865-541-8187.

1. Notice regarding Out-of-Network Providers

While receiving healthcare services at ETCH, the patient may receive treatment from a facility-based physician who may be out-of-network and not have a current contract provider agreement with your insurer.

The physicians and other providers that may treat the patient at this facility may not be employed by this facility and may not participate in the patient's insurance network. Children's Anesthesiology participates in all the same plans as Children's Hospital. They will also reach out to you by text to allow electronic payment.

Anesthesiologists, radiologists, emergency room physicians and pathologists are not employed by this facility. Services provided by those specialists, among others, will be billed separately.

Before receiving services, the patient should check with his or her insurance carrier to find out if the patient's providers are in network. Otherwise, the patient may be at risk of higher out-of-network charges.

ETCH is contracted with the following physicians and/or physician groups to provide the following services. All plans participate in texting for payment www.mydocbill.com/etch

Children's Anesthesiologists, PC

- 844-468-9501
- www.mydocbill.com/etch

Vista Radiology, PC

- 865-766-0112

Innovative Pathology Services and Solstas Lab Partners (A Quest Diagnostic Company)

- 865-522-7591
- <http://questdiagnostics.com/home.html>

Southeastern Emergency Physicians, LLC

- 888-952-6772
- 800-818-8441
- www.thbillpay.com

Pediatric Analgesia and Sedation Specialists

- 865-309-5437

Neonatology Physician billing office, Mednax

- 1-844-678-9580

The patient will be billed for additional charges, including out-of-network charges, if the patient is provided medical services by a healthcare provider that is not in-network. In particular, the patient should ask the facility if he or she will be provided any medical services by anesthesiologists, radiologists, emergency room physicians or pathologists who are not in the patient's network.

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2. Notice regarding Out-of-Network Facility

_____ Check here if ETCH is an out-of-network facility for the patient’s insurance.

If ETCH is not a participating facility in your insurance carrier’s network, you can still receive treatment at this facility. However, you will receive a bill for the amount unpaid by your insurer, which may be greater than the amount you would pay for services at an in-network facility.

In addition, you may receive treatment from a facility-based physician who may be out-of-network and not have a current contract provider agreement with your insurer.

3. Estimate of Charges

If ETCH is in-network for your health insurance plan, you will be responsible for co-payments and deductibles in accordance with your insurance plan, up to the amount of your maximum out-of-pocket expense. This amount is set by your insurance plan. For estimates related to services you may go to our web site at: <https://www.etch.com/your-visit/estimating-your-charges/>. Here you may do an online estimate based on your insurance plan. For further assistance please contact a Patient Account Representative at 865-541-8187, Monday through Friday, 8 a.m. to 4:30 p.m.

If ETCH is out-of-network for your health insurance plan, you will be responsible for charges in accordance with your insurance plan’s out-of-network coverage. This amount is set by your insurance plan. For assistance in understanding how your insurance benefits apply to your care at ETCH and an estimate of the amount you will be responsible for, please contact a Patient Account Representative at 865-541-8187 Monday through Friday, 8 a.m. to 4:30 p.m.

4. Financial Assistance

ETCH offers financial assistance to patient families in need. Please contact our Business Office at 865-541-8187 or visit our website, <https://www.etch.com/Patients-Visitors/Financial-Assistance-Program.aspx>.

5. Acknowledgment and Signature

By signing this notice, you acknowledge the information above. You agree to receive medical services by an out-of-network healthcare provider and/or facility, and will receive a bill for 100 percent (100%) of billed charges for the amount unpaid by your insurer.

Parent or Guardian Signature

Date

Relationship to patient

Witness

Interpreter