

## Sample waiver: general

As a participating provider with Employer Provider Network, Inc. (EPNI) we are to notify you of services that are medically unnecessary or investigative. This notification will allow us to hold you financially liable for the service listed below.

- Date procedure or service will be completed: \_\_\_\_\_
- Total cost of procedure or service: \_\_\_\_\_
- Situation:  
 Procedure/service considered medically unnecessary or investigative by EPNI and its affiliates: \_\_\_\_\_  
procedure or service

*Your signature on this waiver serves as an authorization to hold you financially liable for the above named service.*

_____ Provider	_____ Clinic Name	_____ Date
_____ Patient signature	_____ Date	

## Sample waiver: referral to a nonparticipating provider

As a participating provider with Employer Provider Network, Inc., we are to notify you of services that are referred to a nonparticipating EPNI provider. This may result in a lesser payment from EPNI, thereby increasing your liability for services you receive from this provider. If a nonparticipating provider recommends hospitalization, you must call EPNI for approval before you are admitted to the hospital, except for emergency or obstetrical services.

- Procedure/service is being referred to an EPNI nonparticipating provider: \_\_\_\_\_  
procedure or service
- Date procedure or service will be completed: \_\_\_\_\_

*Your signature on this waiver serves as notification to you that the provider we are recommending you see **does not** participate with EPNI.*

_____ Provider	_____ Clinic Name	_____ Date
_____ Patient Signature	_____ Date	