

NO SURPRISES ACT (“NSA”) – PATIENT QUALIFICATION INFORMATION

In order to protect individuals from large, unexpected medical bills that may not be covered by insurance, Congress passed the No Surprises Act (“NSA”). This legislation applies to uninsured individuals as well as to those who are *not* planning to submit claims for reimbursement with their health insurance provider. If this legislation does apply to you, then I will be following up with additional information. To help me determine if this law applies to you/your child (the person/people receiving services from me), please provide the following information.

Patient Name: _____

Patient Date of Birth: _____

To determine if you are considered an uninsured or self-pay individual *as defined by the NSA*, I must ask if you are enrolled in any of the following. Please check all that apply:

- Group health plan
- Individual or group health insurance coverage offered by a health insurance issuer/company
- Federal health care programs (incl. Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, TRICARE)
- Health benefits plan under a Federal Employees Health Benefits (FEHB) Program
- I am uninsured

If you *are* enrolled in one of these plans or programs, are you planning to submit a claim for my services with such plan or coverage? Please indicate yes or no.

- Yes
- No

I agree to inform Dr. Isenberg if any of the above information changes.

Printed name of person completing form
(Legal Guardian if patient is under 18): _____

Signature of person completing form
(Legal Guardian if patient is under 18): _____

Date: _____