



Specializing in Adult & Pediatric  
Ear, Nose, Throat & Allergy  
Sinus Surgery Head & Neck Surgery

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Board Certified in Oncology-Head  
& Neck Surgery

Santa Upeniece PA-C

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### **Advance Patient Notice Form**

**You** have the right to receive services with a participating physician or provider in order to obtain full benefits under your health coverage. If and when Dr. Kim refers you to, or arranges for you to receive services from, a non-participating physician, provider or facility for certain healthcare services. **You** will be responsible for any additional cost. If you have any questions or would like to locate an in- network provider or facility to provide the services or procedure, please contact your insurance company at the telephone number listed on the back of your insurance card.

#### **To be completed by the patient or patient's legal guardian:**

By placing my signature on this waiver form below, I acknowledge the following:

1. I am aware that the non-participating facility/provider that will be involved in my care does not participate with my insurance.
2. I understand that I may be responsible for additional cost for all services provided by the non-participating facility/provider, as specified in my benefit contract.
3. I was given an opportunity to contact my insurance before obtaining these services to confirm my benefits for these non-network services and obtain names of participating facilities and/or participating providers that can provide the recommended service or procedure.
4. I understand that absent special circumstances (e.g, financial hardship), the non participating facility/provider is prohibited from waiving co-payments, deductibles, coinsurance, or other member cost sharing amounts.
5. I am voluntarily choosing on behalf of my self or my child/legal guardian to obtain the service or procedure from the non-participating facility and/or physician.

Printed name of Patient

Patient Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Signature of patient (or Parent/Legal Guardian if patient under age 18 )

\_\_\_\_\_

Date: \_\_\_\_\_