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Example of Notice of Financial Responsibility for Patients With Commercial Insurance

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Here's a notice that one hospital gives patients to explain their hospitalization won't be covered if it's not medically necessary and that they will be financially responsible for it if they continue their stay.

Notice of Financial Responsibility

Account Number: _____

Date of Service: _____

Name of Patient: _____

Address of Patient: _____

Dear: _____,

Your insurance plan has advised us that as of _____ your current medical condition no longer meets their criteria for covered acute care. Because your insurance plan does not cover services that are not medically necessary, should you decide to remain in the hospital, you will be responsible for payment for services provided 24 hours after the date of this notice. You should discuss with your attending physician, Dr. _____, other arrangements for any health care that you may require.

We expect that your continued hospitalization will not be covered, as your current medical condition no longer meets their criteria for covered acute care. Because your insurance plan does not cover services that are not medically necessary, should you decide to remain in the hospital, you will be responsible for payment for services provided 24 hours after the date of this notice. You should discuss with your attending physician, Dr. _____, other arrangements for any health care that you may require.

This does not necessarily mean that you no longer need medical care and does not mean that you must leave the hospital. If you disagree with this determination, you may appeal this decision by contacting the Customer Service Department indicated on your insurance card.

Sincerely,

Care Coordination

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