

MEMBER/CLIENT ACKNOWLEDGEMENT STATEMENT

SAMPLE

“I understand that, in the opinion of _____ . The
(Provider Name)
Services or items that I have requested to be provided to me on the
_____ may not be covered under the Community First
(Dates of service)
CHIP Program as being reasonable and medically
Necessary for my care. I understand that I am responsible for payment
Of the services or items I requested and receive if these services or items are
Determined not to be reasonable and medically necessary for my care.”