

**PATIENT  
RESPONSIBILITY  
FOR  
UNCOVERED  
SERVICES**



**CareOregon**

315 SW Fifth Avenue, Suite 900  
Portland, Oregon 97204  
503-416-4100 or 800-224-4840  
877-416-4161 (TTY/TDD)  
[www.careoregon.org](http://www.careoregon.org)

The following services are not covered benefits under the Oregon Health Plan:

\_\_\_\_\_  
Medical and/or surgical services

\_\_\_\_\_  
Condition/Diagnosis

I, \_\_\_\_\_,  
(Print patient's name)

\_\_\_\_\_  
Patient's OHP Identification Number

understand that the service(s) listed above, for the condition(s) listed above, are not covered for payment by CareOregon or the Office of Medical Assistance Programs under the Oregon Health Plan. If I or my dependent chooses to obtain the services listed above on this date, I agree to be personally responsible for paying the financial charges for these services.

The estimated amount that I may be responsible for is at least \$\_\_\_\_\_,  
not to exceed \$\_\_\_\_\_.

\_\_\_\_\_  
PATIENT OR RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

Medicare recipients may have additional appeal rights. Call CareOregon Member Service for more information at 503-416-4100 or 1-800-224-4840, daily 8 am - 8 pm. TTY/TDD: 1-877-416-4161.