



**Member Consent for Referring Out-of-Network Form**

UnitedHealthcare maintains a nationwide network of care providers. You were given this consent form because your care provider would like to involve in your care a provider that is not in our network. This means you may have to pay:

- more out-of-pocket costs for the referred service, if you have out-of-network benefits, or
- the entire cost for the referred service, if you don't have out-of-network benefits.

We require your healthcare provider to tell you why he or she would like to use an out-of-network care provider. For this consent form to be effective, your healthcare provider must also summarize those reasons below.

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We've also asked your healthcare provider to disclose any financial interest he or she has in the care provider he or she is referring to by checking the applicable box below.

- Your healthcare provider does have a financial interest in the out-of-network provider
- Your healthcare provider does not have a financial interest in out-of-network provider

If, upon seeing this information, you're okay with your doctor's choice to involve an out-of-network healthcare provider in your care, please give your consent below. This consent will only be valid for the service(s) your doctor refers on the date you sign this consent.

**To be completed by your health care professional:**

Health Care Professional Name	
Health Care Professional Tax ID #	
Member Name	
Member ID #	
Out-of-Network Provider Name	

**To be completed by you or your legal guardian:**

<p>I am aware that my health care provider will involve in my care a health care provider that is not in UnitedHealthcare's network. I will be responsible for the entire cost of the service if I don't have out-of-network benefits. If my benefit plan includes out-of-network benefits, I may have increased costs.</p>	
<p>Signature of Member, Parent (if the member is under age 18) or Legal Guardian</p> <hr/>	
<p>Printed Name of Member, Parent (if the member is under age 18) or Legal Guardian</p> <hr/>	
<p>Date: _____</p>	