OUT OF NETWORK ACKNOWLEDGEMENT FORM

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Omni Family Health

Thank you for trusting Omni Family Health (OFH) with your medical care. In order for Omni to continue providing you with the best patient experience, we encourage you to change your primary care provider to Omni Family Health. This will give us the opportunity to initiate orders, prescriptions, and referrals for specialty care, report your medical or lab results to you via our Patient Portal, and most importantly, allow you to create a solid relationship with your Primary Care Provider (PCP) for continuity of care.

After your initial visit, in order to continue your medical care at Omni, you must change your Primary Care Provider with your health plan to Omni Family Health. Failure to complete this change may result in delays with referrals, medications, other critical medical care, and denials for services normally coordinated by your primary care provider, which may impact you financially.

By signing this Out of Network Acknowledgement Form, you are acknowledging that a staff member at Omni Family Health has informed you of your current status of Out of Network and the changes you will be required to make to continue as a patient with Omni Family Health. If you need assistance contacting your health plan, a Patient Access Specialist will be happy to work with you today.

I, _____, acknowledge that I have been informed by Omni Family Health that I am not currently assigned to this facility to receive Primary Care services. I have been informed of my assigned Primary Care Provider and their location. I would like to switch my Primary Care Provider to Omni Family Health and would like assistance to complete that change.

I, _____, understand I am not assigned to Omni Family Health and **DO NOT** wish to change my PCP at this time. I further understand and acknowledge that I will not be able to schedule future appointment with Omni Family Health.

Patient Signature: _____ Date: _____

Omni Family Health: _____ Date: _____