WAIVER

PHYSICIAN NOTICE:

BlueAdvantage Administrators of Arkansas will not cover services that it determines are not medically necessary or that it classifies as either experimental or investigational in nature. If BlueAdvantage Administrators of Arkansas determined that a particular service, although it would otherwise be covered, is not medically necessary or is experimental or investigational under BlueAdvantage Administrators of Arkansas benefit plan, BlueAdvantage Administrators of Arkansas will deny payment for that service. I believe that, in your case, BlueAdvantage Administrators of Arkansas is likely to deny payment for:

_____ for the following reasons:

_____.

The charge for this service will be _____.

MEMBER AGREEMENT:

"I have been notified by my physician that he or she believes that, in my case, BlueAdvantage Administrators of Arkansas is likely to deny payment for the services identified above, for the reasons stated. If BlueAdvantage Administrators of Arkansas denies payment for lack of medical necessity or on grounds of the experimental or investigational nature of the services, I agree that I will not look to BlueAdvantage Administrators of Arkansas to cover these services and that I shall be personally and fully responsible for payment for all such services including any follow-up services that may be required to complete the treatment or to repair any damage or address any complication of the treatment.

_____ Date: _____

Member's signature