

OUT OF NETWORK ACKNOWLEDGEMENT FORM

(866)707 - OMNI | (66 64) • www.OmniFamilyHealth.org



Thank you for trusting Omni Family Health (OFH) with your medical care. In order for Omni to provide you with continuity of care, we encourage you to change your primary care provider (PCP) to Omni Family Health. This will give us the opportunity to initiate orders, prescriptions, and referrals for specialty care, and to report your medical or lab results to you via our Patient Portal.

After your initial visit, in order to continue your medical care at Omni, you must change your PCP 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 affect 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 status of Out of Network and the changes you will be required to make to continue as a patient with Omni Family Health.

☐ I acknowledge that I am not an assigned patient of Omni Family Health to receive primary care services. I have been informed of my assigned PCP and their location. I agree to receive assistance to switch my PCP to Omni Family Health.

☐ 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 any future appointment with Omni Family Health until I have made this change.

Patient Signature: _____ Date: _____