



## Jose Vito MD

Child. Adolescent. Adult and Addiction Psychiatry

### PATIENT NOTIFICATION REQUIRED NY PUBLIC HEALTH LAW SECTION 24

JOSE VITO MD, JOSE VITO, M.D., PLLC currently **does not** participate with any healthcare plans and a written statement of fees for non-emergency services is available upon request.

#### ACKNOWLEDGEMENT OF SERVICES

Because JOSE VITO, M.D. is not a participating physician in your healthcare plan, your healthcare plan may (i) not cover out-of-network services at all, (ii) impose higher deductible and/or copayments for out-of-network services or (iii) reimburse you for a lesser amount than my fees. You have the right to receive services from a participating provider.

By your signature below, you acknowledge that you have agreed to be for service provided by a non-participating provider.

Furthermore, you acknowledge the patient and/or responsibility party is responsible of the full fees regardless of what reimbursement you may or may not receive from your healthcare plan.

Print Patient's Name	Date of Birth
Signature of Patient	Date Signed

If the patient is a minor or is unable to sign, and a parent or legal guardian or accompanying adult is signing on behalf of the patient, please complete the following information:

(Designated) Parent or Legal Guardian Print Name	Relationship to Patient
Signature of Parent or Legal Guardian	Date Signed