

MEMBER/CLIENT ACKNOWLEDGEMENT STATEMENT

SAMPLE

“I understand that, in the opinion of \_\_\_\_\_ . The  
(Provider Name)  
Services or items that I have requested to be provided to me on the  
\_\_\_\_\_ may not be covered under the Community First  
(Dates of service)  
CHIP Program as being reasonable and medically  
Necessary for my care. I understand that I am responsible for payment  
Of the services or items I requested and receive if these services or items are  
Determined not to be reasonable and medically necessary for my care.”