

**Letter of Financial Responsibility for Continued Care for Non-Medicare
and Non-Medicaid Patients**

The purpose of this letter is to notify you that your physician has indicated that you are medically ready for discharge to a lower level of care. Although your medical condition may not be resolved, an alternate level of care is available to meet your health care needs. Your insurance company will be notified that you no longer require care in this setting. If your insurance company does not authorize continued payment for your stay, you may be financially responsible from this day forward.

We estimate the cost of your continued stay to be:

We encourage you to talk with your physician and medical team about your health care needs, including your continued stay and discharge options.

This notice is not an official decision by your insurance company. Your signature below only shows that you have received this notice and understand what you may have to pay for continued care at UTMB. You will receive a copy of this notice.

Signature of Beneficiary or Representative

Date

Witness

Date