

PATIENT WAIVER AGREEMENT

When my primary care physician referred me to this office, I understand he/she received an authorization number from my insurance company via phone, fax, mail, or e-mail; copies of which should have been mailed to this office and me. If at the time of the visit, I do not have a copy of the referral form and this office has not yet received authorization, I realize I have the following options:

- 1) I can call my insurance company to obtain the authorization number.
- 2) I can reschedule the appointment and bring a copy of the referral form issued by my insurance company. If my insurance company did not send me an official form, I must provide this office with the:
-authorization number -start date -end date -number of visits
- 3) I can keep this appointment today, without either of the above, and I understand my insurance company WILL NOT PAY for the charges accrued at this visit today.

ALSO IF NO REFERRAL IS REQUIRED, I UNDERSTAND I AM RESPONSIBLE FOR ALL PAYMENTS/BALANCES OF TODAY'S VISIT.

Printed name of patient/enrollee

Date of service

Signature of patient or authorized representative

This form is not applicable to and cannot be used for Medicare + Choice (Medicare HMO) members.