

WAIVER OF INSURANCE REFERRAL

My insurance is a managed care plan requiring a referral from my Primary Care Provider (PCP).

I do not have the referral at the time of my office visit today and wish to proceed with treatment

I understand that if I do not obtain this referral or if my PCP will not provide one, I will be responsible for any and all charges incurred during my treatment at Phoenix Healthcare of Asheville, PLLC.

DATE _____ Signed: _____
Parent/Guardian

PLEASE NOTE: When you notify your PCP for a referral, the date on the referral must reflect the date you were seen. They cannot backdate a referral for a previous date and it will not cover services rendered