



Able Orthopedic & Sports Medicine, PC

www.ableorthopedic.com

76-55 Austin Street
Forest Hills, NY 11375

Tel: 718-897-2228
Fax: 718-897-2251

Patient Coverage Waiver

The undersigned (you) are covered by a benefit product issued or administered by _____ (name of insurance carrier). Your plan requires that referral procedures be followed before a specialist or other specified services are rendered. You are seeking treatment from Able Orthopedic and Sports Medicine today for you or your eligible dependent.

You are advised that the term of your benefit contract with your insurance provider requires you to obtain a referral form from your PCP before receiving services you seek in order to be eligible for full benefit contract related to this office visit.

Please be further advised that the provider, Able Orthopedic & Sports Medicine has confirmed that if you proceed today to receive services in the absence of the required referral, the services rendered will not be "covered services" under the terms of your benefit contract and you will be responsible for payments of amounts up to the provider's FULL CHARGES for all services provided to you or your dependent. Please note that a referral cannot be backdated.

You have the right to arrange for the required referral before receiving services you seek in order to enjoy full benefits under the terms of your benefit contract. If you have any questions about the referral process under your benefits contract or are not sure whether a referral is required before receiving the re services you seek today, please contact your Plan Administrator customer service representative at the telephone listed on the back of your identification card.

By signing below, you are acknowledging your consent to pay directly to Able Orthopedic and Sports Medicine all charges arising from your or your dependent's office visit today.

Accepted and agreed:

Signed, Patient or Legal Guardian

Date

Print name of patient or legal guardian

