

TRICARE INSURANCE

(PLEASE READ CAREFULLY BEFORE SIGNING)

We are requiring all patients with any form of Tricare Insurance to sign this waiver.

Tricare Prime Insurance requires a referral for any services other than your annual well-woman exam. It is the **PATIENT'S RESPONSIBILITY** to obtain this referral **PRIOR** to your appointment from your PCM. If a referral is not on file with our office at the time of your appointment Tricare **will not** cover the services rendered. If Tricare deems a referral is needed for the visit and charges are billed against the "Point-of-Service" (POS/Self Referral) of your policy you will be responsible for a **\$300 deductible and a 50% cost share or coinsurance.**

If this is the case, the patient has the option of being rescheduled once the referral is approved and received or paying in full the amount for the services to be rendered to Tricare **PRIOR** to being seen by the physician. Once payment is received from Tricare we will reimburse you the amount you paid less any balance owed by you.

Tricare Standard and Reserve Select are responsible for their deductible and coinsurance. You will be billed for these amounts after Tricare pays their portion.

By signing this form you are agreeing to pay all charges that are not covered by Tricare as well as any collection fees associated with the debt owed.

IF YOU HAVE QUESTIONS PLEASE ASK OUR STAFF

Patient's Name: _____

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____