



## Tricare Insurance

**All patients with any form of Tricare Insurance are asked to sign this form**

Effect April 1<sup>st</sup>, 2011, Tricare Prime Insurance requires a referral for all services including your annual well-woman exam when you are going to need routine screenings as well. 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.

**We are unable to submit for referrals for mammograms, ultrasounds, DEXA scans, etc. unless we have a referral from Tricare to treat you. Please contact your PCM to get the referrals for these items or one to be seen by our physicians.**

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: \_\_\_\_\_

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