

## REFERRAL WAIVER

Beginning January 1, 2018 all physician offices were required under Indiana Law (HB 1273) to have a parent fill out and sign a referral waiver prior to being sent to a specialist. To expedite your referral, please sign the form below and fax/bring into the office, and then we will be authorized to release information on where to send your child. If you have any questions please call our office.

### PATIENT REFERRAL ACKNOWLEDGEMENT

Date: \_\_\_\_\_

Your child(ren)

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is/are being referred to another physician, healthcare provider, or therapist for additional care. Our office will make every attempt to refer you to a provider in your insurance network, however, we cannot know the provider list for every insurance plan.

#### PLEASE NOTE:

An out-of-network provider may be called upon to render healthcare items or services to your child(ren) during the course of treatment.

An out-of-network provider is not bound by the payment provisions that apply to health care items or services rendered by an in-network provider under your health insurance plan.

You may contact your health insurance plan before receiving health care items or services rendered by an out-of-network provider:

to obtain a list of in-network providers that may render the same health care items or services and: for additional assistance.

I have read and acknowledge the above information.

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Parent or Guardian Date: