



NOTICE OF PATIENT RESPONSIBILITY FOR INSURANCE REFERRAL

In benefit plans that require the issuance of referrals for specialist care, the primary care physician is responsible for coordinating his/her patients' healthcare. If it is necessary for the patient to see a specialist, other than for direct access services of emergency care, the primary care physician must issue an insurance referral prior to the patients visit to the specialist. The referral must be for covered benefits under the patients insurance plan.

If you visit a specialist without an insurance referral, depending on your plan type, you may be responsible for payment for all services rendered or for paying a deductible and coinsurance. You should not return to your primary care physician to request a referral after the service is rendered; primary care physicians cannot issue retroactive referrals.

Medicaid: Office visits are limited to one per day per recipient per provider. Annual office visit benefit limits are 14 office visits per calendar year. Medicaid will continue to pay covered ancillary services for recipients after they have exhausted the 14-physician office visit limitation.

The referral is not a guarantee of payment. Payment is subject to eligibility on date of service, plan benefits, limitations and exclusions, pre-existing condition limitations, and patient liability under the plan.

I have read the above statements and understand that I may be liable for any service rendered that is not covered, due to not having an insurance referral on file. I understand that I may be billed for my deductible and/or coinsurance applied by that insurance, and my current insurance will not cover, without a referral.

Patient Name (Print)

Patient Signature