



310 Baker Ave. Concord, MA 01742

Phone: (978) 287-8250 Fax: (978) 287-8202

PATIENT ID

SERVICES PROVIDED WITHOUT REFERRAL AUTHORIZATION

I understand that I have an obligation to obtain a referral from my primary care physician for services provided.

I acknowledge that if I do not have a referral in place for services that I will be responsible for payment of services received should this be denied by my insurance carrier.

Print Patient Name

Patient's Date of Birth

Time

Date

Signature of Patient or Patient's Legal Representative

Print Name of Patient's Legal Representative (if applicable)

Relationship to Patient

