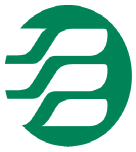
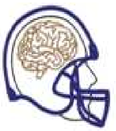


# Dr. Robert C. Cantu Concussion Center
Emerson Hospital



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 ______________________

CLI–000–00014

Reviewed and Approved 08/25/2016