

COLUMBIA SKIN CLINIC, LLC

Referral Waiver Form

As a member of a Managed Care Plan, we want you to be aware that such plans usually require your Primary Care Provider to provide prior referral authorization for specialist visits. As of today, our office has not received a referral from your Primary Care Provider.

I understand that if I receive services today from the Columbia Skin Clinic, LLC without obtaining a referral from my Primary Care Provider, I will be financially responsible for all charges resulting from this visit.

Patient or Responsible Party Name: _____

Date of Birth: _____

Signature: _____ Date: _____

Chart Number: _____