

## Simpson Eye Associates HMO and POS Referral Procedure

Simpson Eye Associates is happy to attend to your health care needs. Your insurance requires a referral from your primary care physician before they will consider covering charges. **If you do not have a referral you will be responsible for the charges incurred.** We will still see and treat you without a referral. A referral is necessary to have your insurance cover the charges.

\_\_\_\_\_initials I have obtained a telephone / written referral from Dr. \_\_\_\_\_ for treatment at Simpson Eye Associates. I understand that I am responsible for my co-payment required by my insurance.

\_\_\_\_\_initials I have not obtained a referral from my primary care physician or physician on call and acknowledge and accept final responsibility for payment of charges for medical services rendered.

\_\_\_\_\_initials I understand despite the fact that I do not have a referral I could be seen at Simpson Eye Associates and pay for the services rendered myself; however I prefer to seek care elsewhere allowing services to be covered by my insurance.

Signature \_\_\_\_\_

Date \_\_\_\_\_