Center for Rheumatic Diseases & Osteoporosis
William W. Mullins, M.D. | Anu Sharma, M.D. | Seema A. Goyal, M.D.
6001 Montrose Road, Suite 702, North Bethesda, MD 20852
Office: 301-230-5888 | Fax: 301-230-2488

PATIENT WAIVER FORM

REFERRAL ACKNOWLEDGMENT:

- I understand that I am required to obtain a referral from my Primary Care Physician (PCP) prior to going to a specialist. My insurance carrier requires an appropriate referral that is necessary for my office visit.

- If I do not have a referral on the date of service, I understand and agree that I will be financially responsible for all charges, that are not covered by my insurance company.

- I understand in some instances that my PCP may be delayed in sending a referral before my appointment, this referral follow-up is my full responsibility.

Acknowledgment that insurance may not cover services.

- I understand that my insurance may not cover all services. I understand that I will be financially liable for any services performed by this office that is not covered by my insurance.

INSURANCE:			
Patient's Name:			
Patient's Signature:			
CRD Account #:		**Date:**	