

Healthcare Waiver Form

I understand that I have insurance coverage which requires that I have a referral from my Primary Care Physician in order to receive maximum benefits from this insurance.

I have been informed by the staff of Brentwood Dermatology as to the proper way to obtain maximum benefits from my insurance company by going through my Primary Care Physician. I have been given an opportunity by the staff to first see my Primary Care Physician and reschedule my appointment with _____ if it is authorized by my Primary Care Physician.

I understand that if I refuse to go through my Primary Care Physician this visit may be subject to a deductible, a significant decrease in insurance payment, or even no coverage at all for this visit.

I agree to pay today for the charges incurred.

signature

date