



Patient Name

Account Number

Date of Service

REFERRAL FORM

Because there are many insurance plans with differing requirements for referrals to specialists, Orthopedics Northwest requires that **you contact your insurance carrier** and verify that a referral is in place **before being seen at our office**.

Please complete the following information and bring this form to your first visit:

1. **Referral number:** _____
2. **Referral period: start date** _____ **end date** _____
3. **Number of visits:** _____
4. **Body part:** _____
5. **Type of visits you are approved for: (check all that apply)**
 - Office visits:** _____
 - Diagnostics:** _____
 - Surgery:** _____
 - Treatment:** _____
 - Referring physician:** _____
 - **Group/Clinic Name:** _____
 - **Address:** _____
 - **Phone #:** _____
6. **No referral required by my carrier for these services.**

I certify that the above information was verified with my insurance carrier and is true and correct as it applies to my treatment at Orthopedics Northwest. I will accept financial responsibility for claims not paid by the carrier based on false or inaccurate information I have provided here.

Patient/Responsible Party Signature

Date

Failure to provide us with this information when you arrive for your appointment will require you to sign the patient financial responsibility form below, accepting responsibility for all charges incurred that your carrier may deny due to referral issues.

Thank you for your cooperation and assistance in getting your insurance claims processed.

Patient Financial Responsibility Form

I understand that my insurance plan may require a referral from my Primary Care Physician to cover visits to a specialty physician. At this time, I have not provided Orthopedics Northwest with adequate verification that a referral was obtained for treatment by this clinic. I agree that if my insurance carrier denies payment of claims for this reason, I will be financially responsible for any charges incurred in the course of my care.

Patient/Responsible Party Signature

Date