



Carmel Pediatrics, LLC

13450 North Meridian Street, Suite 260

Carmel, IN 46032

(317) 582-7257 (phone)

(317) 582-7413 (fax)

Susan L. Davis, M.D. Carolyn O. Robinson, M.D. Randall D. Stoesz, M.D.

Anna G. Gilley, M.D. Elizabeth J. Beach, M.D.

REFERRAL WAIVER

I, _____ (parent of child, or patient over 18 years of age), by receiving a referral to a specialist or laboratory, understand the following, as per HB 1273:

- (1) That an out-of-network provider may be called upon to render health care items or services to the covered individual during the course of treatment.
- (2) That an out-of-network provider described in subdivision (1) is not bound by the payment provisions that apply to health care items or services rendered by a network provider under the covered in my child's health plan.
- (3) That the covered individual may contact the covered individual's health plan before receiving health care items or services rendered by an out-of-network provider described in subdivision (1):
 - (A) to obtain a list of network providers that may render the health care items or services; and
 - (B) for additional assistance.

Patient Name (please print)

Guarantor Printed Name

Guarantor Signature

Date

For Office Use Only

Date Referral Submitted: _____

Referral Submitted to (Location): _____

Employee signature: _____