Empire BlueCross BlueShield

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Specialist Patient Coverage Waiver

The undersigned ("you") is covered by a benefit product issued or administered by Empire BlueCross BlueShield, or Empire HealthChoice HMO, Inc., collectively ("Empire") that requires referral procedures be followed before specialist or other specified services are rendered. You are seeking treatment from:

_____ today for you or your eligible dependent.
Doctor's Name

You are advised that the terms of your Empire benefit contract require you to obtain a referral form from your participating Empire primary care physician before receiving the services you seek in order to be eligible for full benefit contract coverage related to this office visit.

Please be further advised that the Provider indicated above has confirmed with Empire, if you proceed today to receive the services you seek in the absence of the required referral, *the services rendered will not be "covered services" under the terms of your benefit contract and you will be responsible for payment of amounts up to the provider's FULL CHARGE for all services provided to you or your dependent.* Please note that the referral cannot be backdated.

You have the right to arrange for the required referral before receiving the services you seek in order to enjoy full benefits under the terms of your Empire benefit contract. If you have any questions about the referral process under your benefit contract or are not sure whether a referral is required before receiving the services you seek today, please contact Empire Customer Service at the telephone number listed on the back of your Empire identification card.

By signing below, you are acknowledging your consent to pay directly to the above provider all charges arising from your or your dependent's office visit today.

Accepted and agreed: _____

Signature, Patient or Legal Guardian Date

Print name of patient and/or legal guardian (if applicable): _____

Patient/Legal Guardian

Contract Holder's Name: _____

Contract Holder's ID No.: _____

Empire Provider's ID No.: _____

This waiver may not be used for services that require precertification by a participating Empire practitioner.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.