

Referral Waiver

Beginning January 1, 2018, all physician offices are required under Indiana state law (HB 1273) to have a parent fill out and sign a referral waiver prior to being sent to a specialist. We realize this will be an inconvenience for many, and we apologize for this. To expedite your referral, please sign the form below and fax/bring into our office, and then we will be authorized to release information on where to send your child to. If you have questions, please call our office.

Date _____

Patient's Name _____

Patient's DOB _____

Your child is being referred to: _____.

Phone Number: _____

Please call the specialist's office to schedule his/her appointment. Also it is YOUR responsibility to make sure the specialist you have been referred to is in-network with your insurance. After you have scheduled an appointment, please call our office with the date and time so that we can send chart notes to the doctor before your appointment.

Should you have any questions or concerns, please do not hesitate to contact the office.

An Indiana law passed during the 2017 legislative session imposes a new notice requirement on physicians who refer patients to other providers (including entities that bill for health care items or services rendered by individual providers) beginning Jan. 1, 2018. The new law was passed as House Bill (HB) 1273, "Out-of-Network Covered Health Services." It requires referring physicians to provide patients with a written notice of the following:

- (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 individual'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.*

Parent's Signature

Date