



Boston Sports Medicine

MANAGED CARE REFERRAL WAIVER FORM

NOTICE TO ALL MANAGED CARE PATIENTS

As a member of a managed care insurance, if you wish to visit a specialist before obtaining a referral from your primary care physician (PCP) your managed care insurance will not cover your treatments by the specialist. You may be responsible for all charges for this visit.

The initial evaluation is \$110.00. Each treatment session is \$90.00

Because we do not have a referral on file for your visit today, please sign this form.

Boston Sports Medicine has agreed to see me today without a referral from my PCP. If I do not provide a valid referral within three business days I agree to pay from my treatment in full. I have provided a credit or debit card number below to be billed in the event that my PCP does not authorize my insurance company with a referral to pay for this visit.

Member's
Name: _____

Circle One:
Mastercard Visa Discover Card American Express

Card
Number: _____

Expiration Date: _____

Date of Service: Signature:

**1 Braintree Street
1st Floor
Allston, MA 02134
Ph: 617-787-8700
Fx: 617-787-8106**

**14 McGrath Hwy
At Gold's Gym
Somerville, MA 02143
Ph: 617-623-6300
Fx: 617-623-4224**

**6 Arlington Street
at Super Fitness
Watertown, MA 02472
Ph: 617-926-2300
Fx: 617-926-5886**