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Managed care mandates that you use in-network physicians, hospitals, labs, and services in order to receive in-network payment.

Failure to notify your provider of in-network requirements will result in **non-payment or penalty of payment** by your insurance company and will result in your being billed for services rendered.

If referral numbers and/or authorization for services requests are required by your plan, please notify this office prior to any services being rendered so that you will not be penalized. It is your responsibility to obtain referral numbers and/or authorization from your primary care provider.

Please check your insurance company's preferred place of service.

Hospital:

_____ Memorial Health University Medical Center
_____ St. Joseph's/Candler Health System

Labwork:

_____ Quest
_____ Lab Corp (BCBS HMO, POS)
_____ Lab One
_____ Biopsy Diagnostics

I have read the above information and understand that I am responsible for bills that may arise due to inaccurate information given at this time.

Patient Signature _____

Date of Birth _____

Today's Date _____