

Health Insurance Waiver for Non-Covered Services:

I understand that my health insurance may not cover certain services provided by any of the physicians at Men's Health Boston. Men's Health Boston is unable to verify each patient's health insurance coverage. Should you have questions regarding your coverage, it is your responsibility to verify your benefits with your insurance company prior to any scheduled appointment.

Authorization for Health Plan to Pay Directly to Physician:

I authorize payment from my insurance carrier directly to the health care providers at Men's Health Boston.

Managed Care Plan Participants:

I understand that I have an obligation to obtain a referral for specialty services from my Primary Care Physician prior to any scheduled appointment. I hereby agree to be responsible for full payment for services received if my specialist does not receive a referral and my insurance plan denies payment.

Name: _____

Date: _____