Empire
BlueCross
BlueShield

EMPIRE BLUE CROSS AND BLUE SHIELD
PATIENT COVERAGE WAIVER

The undersigned ("you") is covered by a benefit product issued or administered by Empire Blue Cross and Blue Shield ("Empire") that requires that referral procedures be followed before specialist or other specified services are rendered. You are seeking treatment from _____ today for your eligible dependent.
Print Provider'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 that 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 CHARGES for all services provided to you or your dependent.** Please note that a 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 an Empire customer service representative 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: _____
Signed, Patient or Legal Guardian

Print name of patient and
legal guardian (if applicable): _____
Patient / Legal Guardian

Contract Holder's Name: _____

Contract Holders ID No.: _____

Provider Empire ID No.: _____ Date: _____

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