



NO REFERRAL AUTHORIZATION

This will confirm that I arrived at Bastian Voice Institute today without a referral from my Primary Care Physician's office. I have been advised that a proper authorization is required in order to see the physician and/or speech pathologist and to receive maximum insurance coverage.

I have been instructed to call my Primary Care Physician's office and confirm that a referral has been issued, and to request that it be faxed to Bastian Voice Institute at (630) 724-0084, prior to today's visit.

If I choose not to contact my Primary Care Physician, I am aware that the Primary Care office may decide to not issue a retroactive referral. In that case, I agree to pay for services at the time of the office visit. If a payment is received subsequently received from the insurance company, a reimbursement of the appropriate amount will be sent to me.

Guarantor/Patient

Witness

Date

cc: Patient
Patient File