



Based on the insurance information you have provided, you or the patient is covered by a Health Maintenance Organization (HMO) contractual agreement. These insurance types assign Primary Care physicians as "gatekeepers" to your healthcare. As such, we are restricted in the types of test/labs that we can order or perform. If an MRI, CT Scan, Ultrasound, or other diagnostic test is required, that cannot be performed in this building, we may refer you to an ER for further medical evaluation. Also, if continuation of care is required, we will NOT be able to refer you to a specialist or for further testing as we are not a Primary Care Provider. If you have any questions in regards to this policy please feel free to ask any one of our staff members.

This signature acknowledges that you understand the constraints that are listed and aware that additional testing and referrals will have to be completed by you PCP.

X _____
Patient

X _____
Legal Guardian (if under 18)

X _____
Date