

POINT-OF-SERVICE (POS) WAIVER FORM

Dear (POS Patient):

According to the information you have provided us, your insurance plan has a Point of Services (POS) option. Many patients are not aware of the complete benefits for this type of insurance plan. A (POS) plan typically has at least two (2) options; below you will see how these different options can best work for you.

- 1.) The first option works like an HMO where all medical services must be authorized through your Primary Care Physician (PCP) prior to services being rendered. You would be responsible for your co-payments.

- 2.) The second option is structured like a PPO or Out of Network where you may not need an authorization or referral, however, you may be subject to a yearly deductible, higher co-pay or a larger share of the cost for the treatment.

According to the insurance information that you provided us, you are a member of the _____ Health Plan, have elected to receive services as POS, *AND do not have an authorization or referral for your initial date of service.* Therefore, your insurance benefits will be option two (2), shown above. We will bill your insurance. However, the financial responsibility is yours. At any time, you may return to your PCP for authorization or referral to receive future care and services under the option (1) above.

Thank you for taking, a few minutes to read, sign and date this waiver.

Patient/Subscriber's Signature

Date

Patient/Subscriber's Name

Date(s) of Services

**South County Orthopedic Specialists
and it's affiliated Physicians**