

# Crystal Clinic, Inc.

## Referral Policy

Many managed care health plans require that you have a referral from your Primary Care Physician to be seen by a **specialist**. We are under contract with these plans to see patients provided that we have received a written authorization from the Primary Care Physician or health plan. To obtain a written referral, the process originates with the Primary Care Physician. Generally, the referrals will cover either a specified number of visits, or a specified period of time, such as 30-60-90 days. Therefore, if your health plan requires the you have a written referral to see a specialist it is the patient's responsibility to coordinate this through your Primary Care Physician or health plan.

It is the policy of the Crystal Clinic, Inc. to have a referral in place before the date of service. We suggest that you check with your Primary Care Physician 3-5 days before your office visit to make sure that they have the referral in place. Failure to obtain a referral prior to your visit will require you to reschedule your appointment. Please follow-up before you arrive at our office. For verification, please use the attached space to record any information you may receive upon requesting your referral.

Primary Care Physician: _____ Telephone Number: _____
Contact Person: _____ Date Called In: _____
Notes: _____

Please note that it is the patient's responsibility to be familiar with their insurance policy. If you have questions regarding your insurance coverage, a contact number should be listed on your insurance card.

If you are being seen on an emergency basis, a referral must be obtained within 24hours of your visit. Please bring the written referral with you, or have your Primary Care Physician or health plan fax your referral to (330) 670-4054.

I have read the above policy and understand that I am financially responsible for services rendered without written authorization when required by health plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Service for Referral is required: \_\_\_\_\_

For Office Use Only:  
Check-in:  
Account No: \_\_\_\_\_