



INSURANCE REFERRAL WAIVER

TallmanEye.com (978) 688-6182

ACKNOWLEDGEMENT OF INSURANCE REFERRAL WAIVER

Your insurance company requires that you obtain a referral from your Primary Care Physician in order to pay for services in this office. It is the patient's responsibility to obtain this referral or authorization. It must be so dated as to cover today's services.

If you do not have the appropriate referral at the time of your visit you may call your primary care doctor from our office and have it faxed to us. If you are unable to contact your doctor, you may choose to reschedule the appointment or pay for services today.

As a onetime courtesy, Tallman Eye Associates will extend to you the following Waiver Option:

I, the undersigned, understand that all medical and surgical charges incurred by me for services rendered at Tallman Eye Associates are my financial responsibility if I do not obtain the necessary referral / authorization needed to process my insurance claims in the allowed time period.

Patient Name (please print): _____ Date of Birth: _____

Signature: _____

Haverhill

62 Brown Street
Suite 205
Haverhill, MA 01830
Fax (978) 521-6269

Lawrence

360 Merrimack Street
Entrance I, Suite 125, 1st Floor
Lawrence, MA 01843
Fax (978) 685-0055

Nashua

505 West Hollis Street
Suite 109
Nashua, NH 03060
Fax (603) 882-3020

Newburyport

21 Highland Ave.
Suite 1
Newburyport, MA 01830
Fax (978) 792-5788

North Andover

451 Andover Street
N. Andover, MA 01845
Fax (978) 655-8545

Salem, NH

29 Stiles Road, First Floor,
Salem, NH 03079
Fax (603) 898-8568

Cataract and Laser Center

349 N. Main Street #6
Andover, MA 01810
Phone: (978) 475-0959