

**HMO and/or Mass Health
REFERRAL WAIVER FORM
Auburn Westboro Eye Associates**

Auburn Tel: (508) 832-9392
Auburn Fax: (508) 832-2497
auburn@auburnwestboroeye.com

Westboro Tel: (508) 366-7461
Westboro Fax: (508) 366-5018
westboro@auburnwestboroeye.com

Please select an office: _____ AUBURN _____ WESTBORO

Many insurances require referrals for specialty care (**that is, non-routine eye care with a medical ocular diagnosis**). Medical services for patients with HMOs or Mass Health **must** be approved by your Primary Care Provider (PCP). It is the patient's responsibility to obtain a referral from his/her PCP for specialty services. Your signature below indicates that if you receive specialty care without a referral from your PCP, you may be financially responsible for such services.

Patient's Name (print) _____

Date of Birth _____

Date of service _____

_____ Dr Michael Cohn, OD NPI 1548377393

_____ Dr Suzanne Lucash, OD NPI 1053422592

_____ Dr Jeffrey Cohn, OD NPI 1316292162

_____ Dr Rebecca McLaughlin, OD NPI 1639564180

Signature : _____ Date: _____

NOTE: Most insurances will authorize 6 visits to cover future visits within one year with the same doctor, if you ask. PLEASE FAX REFERRAL APPROVAL TO THE APPROPRIATE OFFICE.