

**Darius Kohan / Darius Kohan MD PC**

**Referral to a Non-Participating Health Care Professional.**

Patient is referred to a health care professional who is not a participating provider (“out-of-network”) in the patient’s health care plan.

Physician or other Health Care Professional Name: \_\_\_\_\_

Service to be provided: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Patient understands that the physician is referring patient to a non-participating health care professional in the patient’s health care plan and that the referral may result in costs not covered by the health care plan:

- An out-of-network health care professional has not agreed to any set rate that the health care plan may pay, and may charge more.
- The health care plan may not cover out-of-network services at all, leaving the patient to pay the full cost.
- If the health care plan covers out of network services, the health care plan may require higher co-pays, deductibles and co-insurance for out-of-network care. Patient will have to pay these higher amounts, plus any difference between the plans’ allowed amount and what the out-of-network health care professional charges for the services.

Patient consents to the out-of-network referral.

**Acknowledgment of Patient**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Legal Representative, indicate relationship to patient \_\_\_\_\_

Print Name of Patient \_\_\_\_\_

Print Name of Legal Representative \_\_\_\_\_

(Note: If physician making the referral is a participating physician with the health care plan, it is recommended that the physician check with the health care plan to determine whether the plan has specific policies or rules pertaining to out-of-network referral.)