TUFTS Health Plan

Referral Waiver Form

Tufts Health Plan requires members to be responsible for obtaining referrals to the extent required under the member's benefit package. For those products requiring such referral authorization, many offices have patients sign waiver forms, similar to the one found below, to confirm the member's understanding of this policy.

Provider Name and Office: _____

Provider Address: _____

Specialty care must be approved, arranged, or provided by your Primary Care Provider (PCP). Please consult your Evidence of Coverage (EOC) for a list of services that do not require a referral from your PCP.

It is the responsibility of the member to obtain a referral from his/her PCP for specialty services. As of today, our office has not received a referral from your PCP.

Your signature below indicates that if you receive specialty care without a referral from your PCP, you may be financially responsible for such services should this be denied by Tufts Health Plan for lack of a referral from your PCP.

Name: _____ Date: _____

Signature: _____

Address: _____

Phone #: _____