

FILL OUT AND SIGN THIS FORM ONLY IF  
YOUR INSURANCE PLAN REQUIRES A REFERRAL

## Affiliates in Podiatry, P.C.

Pillsbury Medical Building  
248 Pleasant St, Suite 203  
Concord, NH 03301-2548  
603-225-5281 ~ 800-255-5779

169 Daniel Webster Highway  
Meredith, NH 03253-5648  
603-279-0330

As a member of the \_\_\_\_\_ health plan,  
I understand that I have an obligation to obtain a referral for specialty services from my  
Primary Care Physician prior to making an appointment.

I acknowledge that I may or may not have the physical referral at Affiliates in Podiatry  
today, or the paper referral was faxed but not authorized yet by my insurance plan as of  
this date; and I may be responsible for payment of services received should this be  
denied by my health plan.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness