

TRICARE WAIVER

I, _____ am aware that I will be paying the difference between Family Medicine Associates of Texas' billed charges, and TriCare's reimbursement for those services. I will be paying the doctor directly for the services and filing to Champus myself for reimbursement.

Signature

Date

Medical Records Number

TriCare Patient Agreement With Family Medicine Associates

Family Medicine Associates of Texas, P.A. does not accept TriCare insurance. We are happy to see you as a patient, and will file any contracted primary insurance you have, or give you a self-pay discount if TriCare is your only insurance. We require that you sign a waiver prior to each visit indicating that you understand that we do not participate with TriCare, and that you accept the difference between our fees and TriCare's allowable.

This waiver is required by TriCare to indicate that you have been made aware of our non-participation. If you are not asked by a front office personnel to sign a waiver, it will be your responsibility to request one from the front desk personnel prior to your visit.

Please sign below that you understand and agree to sign a waiver prior to each visit.

Signature

Date

Printed Name

Medical Record Number