MAIN STREET
Urgent Care
A Minor Emergency Clinic

1421 S. Main St. Suite #111, Boerne TX, 78006
Phone: (830) 249-9995 Fax: (830) 249-9868
1426 E. Main St, Fredericksburg, Suite #300 TX 78624
Phone: (830) 997-9995

INSURANCE WAIVER

Date: _____

Patient: _____ **Date of Birth:** _____

I am a member of **TRICARE**.

_____ I am aware that I do NOT have an authorization number from TRICARE/CAMO. As a result, I am aware that TRICARE may invoke the **Point of Service (POS)** plan benefit policy. This means I may have a greater financial liability due to a higher deductible and/or higher co-insurance premiums. I agree that I am responsible for the increased financial liability. I agree to remit any balance due after the claim has been processed. I also understand and agree that I will be responsible for the payment of all charges associated with this responsibility. TRICARE/CAMO will not be responsible for any charges connected with this unauthorized visit.

_____ I understand that the TRICARE/CAMO authorization number is required prior to scheduling this visit, in order to assure that it is a covered benefit. I acknowledge that I do not have an authorization for today's visit but elect to receive care. I also understand that it is **my responsibility** to contact my Primary Care Manager (PCM) for authorization, which my PCM can decline. For information on how to find out who my PCM is, please see attached information for Tricare Prime Patients.

Signature of Patient/Legal Guardian: _____

Witness of Signature: _____