

**NORFOLK CENTER FOR CANCER CARE & HEMATOLOGY
1073 Pleasant Street
BROCKTON, MA 02301**

Dear Patient,

Your insurance company requires that you must bring a referral from your Primary Care Physician in order to be treated by a Specialist. Please request a global referral, which will cover up to 99 visits in one calendar year.

By signing below you are acknowledging that you will be responsible for any self pay balance not covered by your insurance company because of lack of a referral.

Patient Signature _____ **Date** _____

(Print) Patient Name _____

Witness _____ **Date** _____