

## Authorization Requirements

**For the Member Of:**

Aetna  
Blue Cross Blue Shield of Massachusetts  
Blue Cross Blue Shield of Rhode Island  
Harvard Pilgrim  
Tufts  
UHC  
Workers Compensation  
Cigna  
Fallon  
Medicare  
All **Out of Network** insurances.

Your insurance company might request authorization for services rendered here at Uxbridge Orthopedic & Sports Therapy.

My provider has informed me that my insurance company will not pay for these services until approval has been granted. I understand that I am responsible for all costs associated with the treatment that is provided to me, until authorization is approved.

Member Name: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Member/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Witness: \_\_\_\_\_ Date: \_\_\_\_\_