

VOLUNTARY WAIVER OF HMO BENEFITS

*(Signing this document will alter your legal rights under Maryland law. Please read carefully and do not sign unless you understand the document)*

I, \_\_\_\_\_ (patient name) am seeking medical treatment from Dr. Frederick H. Watkins.

**Check one**

I am not a member of a Health maintenance Organization ("HMO") and I will be responsible for the payment of any amounts owed to Dr. Frederick H. Watkins for services provided.

**OR**

I am a member of an HMO but I have been informed that Dr. Frederick H. Watkins is not a participating physician with that HMO and that if Dr. Frederick H. Watkins provides services to me I will be billed at Dr. Frederick H. Watkins' usual rate and I, instead of my HMO, will be responsible for full payment of that bill.

I understand that if, instead of receiving treatment from Dr. Frederick H. Watkins, I had elected to obtain treatment from a health care provider participating in my HMO and the HMO determined that the service was covered under my benefit plan, I would be entitled to have this service reimbursed as set forth in that plan;

Therefore, this means that

1. I will be solely responsible for Dr. Frederick H. Watkins' charges;
2. Dr. Frederick H. Watkins will not seek payment from my HMO.

\_\_\_\_\_  
Date