



## Second Opinion Waiver

Thank you for choosing Children's Healthcare of Atlanta ("Children's") for a second opinion.

You currently have health insurance coverage that may support a second opinion; the Children's Second Opinion Program is a cash only program and will not bill your insurance. By signing this form, you acknowledge that Children's will NOT file any claims for this service on your behalf to your health insurance plan. This means that:

- You cannot request at a later time that Children's file a claim for this service with your healthcare insurance plan.
- You understand that as a result of not filing claims for this service with your insurance plan, the cost of this program cannot be applied to any applicable health insurance Out of Pocket limit or deductible required by your insurance plan.

### Payment

You must make full payment for the services rendered prior to the second opinion being provided.

If you have questions regarding the cost related to this service, please contact our Second Opinion Program Coordinator at 404-785-1778 or 1-888-785-1112.

Patient's Current Diagnosis: \_\_\_\_\_

Patient Name (please print): \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_