



Referral Letter of Understanding

I understand that I am seeing Dr. Soderberg without benefit of a valid referral form. I understand that I may be responsible for full payment of any charges resulting from this and/or any diagnostic testing that may occur. I understand that retroactive referrals might not be allowed under the referral policy of my plan.

Understanding all the above, I hereby accept the foregoing responsibility and still want to complete the visit.

Signature _____

Date of Service _____

Witnessed by _____