



A Multi-Specialty Behavioral Health Practice

9106 N. MERIDIAN ST.
SUITE 100
INDIANAPOLIS, IN 46260
TEL: (317) 575-9111
FAX: (317) 571-4470
www.childrensresourcegroup.com

PLEASE NOTE: If you or your child has Tricare coverage, please read, sign and return this Waiver with your paperwork. CRG cannot file claims to Tricare.

If you do not have Tricare, please disregard this form.

TRICARE WAIVER

Patient's Name: _____

Date of Birth: _____

I am requesting that out of network services be provided to me by Children's Resource Group. In making this request I acknowledge that the services being rendered are by a **non-authorized, non-participating, non-contracted TRICARE provider**. I understand that it is my responsibility to contact Tricare regarding self-filing and benefits. Upon request, CRG can provide encounter forms for the client to self-file to Tricare.

I agree to be financially responsible for the payment IN FULL for the billed charges at the time of service.

Responsible Party Name (please print): _____

Signature of Responsible Party: _____

Date: _____

PLEASE NOTE: If you or your child has Medicaid coverage, please read, sign, and return this Waiver with your paperwork. CRG cannot file claims to Medicaid.

If you do not have Medicaid, please disregard this form.

CHILDREN'S RESOURCE GROUP

9106 N. Meridian Street, Suite 100

Indianapolis, IN 46260

Phone: 317-575-9111

Fax: 317-571-4470

Non-Covered Medicaid Services

I understand that the services being rendered are provided by a non-covered Medicaid/non-contracted Medicaid practice. I understand that I will be financially responsible for all services provided by this practice.

I have read the above and understand fully the financial responsibility.

Patient's name

Patient's Date of Birth

Recipient/Parent or Legal Guardian's
Signature

Date