

BRIDGER PSYCHIATRIC SERVICES PC
2040 N. 22ND AVENUE, STE. #2
BOZEMAN, MT 59718
(406) 586-5511
(406) 586-4713 FAX

Dr. Kenneth C. Olson M.D., M.S.

**TRI-CARE INSURANCE COMPENSATION
WAIVER STATEMENT**

By signing this form you are indicating that you choose to personally pay for psychiatric services received from this clinic (BPS) and its providers, and to not utilize your Tri-care benefits to pay for these services.

This is necessary because BPS does not currently participate as a Tri-care provider. In the meantime, if you choose to rescind this agreement while receiving care in this clinic, BPS will cooperate with transfer to your psychiatric care to a provider who does accept Tri-care.

I have read the statement above, my questions have been answered, and I agree to this arrangement.

Patient Signature

Date

Witness Signature

Date