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### Tricare Patient Authorization

Attention: All Tricare patients

Cape Fear Otolaryngology strives to provide our patients with the most efficient customer service. By signing the below, you acknowledge that it is your sole responsibility to have a current authorization prior to your office visit. In the event you arrive for your appointment and this information is not current, you may be asked to reschedule your appointment for that day or assume personal responsibility for that visit as Tricare will process your claim as Point of Service and apply to your deductible and co-insurance.

As always, thank you for allowing Cape Fear Otolaryngology to provide you with quality care.

Thank You,

Medical Director

\_\_\_\_\_  
Patients / Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cape Fear Otolaryngology Witness

\_\_\_\_\_  
Date