PATIENT HEALTH INSURANCE WAIVER

I have requested services and/or therapies provided by the University Physicians, Inc. I understand I may be responsible for all charges incurred today for (service/CPT code) targeted chromosomal microarray (CPT Code 81479) by Dr. Liming Bao, Dr. Karen Swisshelm, Dr. Mary Haag or Dr. Meng Su, **even if I elect to have my insurance billed first.**

Estimate of UPI charges $457.80 (**this is only an estimate and may not be the full financial responsibility**).

- The **provider** performing the above services or therapies is **not a participating provider** with my health insurance. Therefore, these services/therapies are not covered by my policy.
  - _____Bill insurance
  - _____Do not bill insurance (Elective Self Pay)

- The **scope of services** rendered by this **provider** may not be covered by my health insurance policy.
  - _____Bill insurance
  - _____Do not bill insurance (Elective Self Pay)

- The appropriate **authorization** required by my health insurance policy **has not been obtained** from my primary care physician. It is my personal decision not to obtain the authorization from my primary care physician.
  - _____Bill insurance
  - _____Do not bill insurance (Elective Self Pay)

- No claim will be sent to my insurance since it is my personal **decision not to use my health insurance** benefits for the above service/therapy even though I understand that these services/therapies are considered covered by my policy. (Elective Self Pay)

**Patient Signature** (or parent/guardian/other-authorized person if patient is a minor, mentally incompetent, or physically unable to sign this form)

______________________________  __________________________
Printed Name and Relationship of Person Authorized to Sign for Patient:  Date

**Reason Patient is Unable to Sign**

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**Insurance Waiver Explained by:** ________________________________
(Printed Name of Hospital or UPI Representative)

______________________________  11/24/03
Signature of Hospital or UPI Representative  Date

White-patient  yellow-UPI  pink-clinic  1 of 1