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 $444.60 (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)

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**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  Date
Authorized to Sign for Patient:

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**Reason Patient is Unable to Sign**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**Insurance Waiver Explained by:**

__________________________
(Printed Name of Hospital or UPI Representative)

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**Signature of Hospital or UPI Representative**  **Date**

__________________________  11/34/03

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