



UNIVERSITY OF COLORADO

IN PARTNERSHIP WITH BOULDER COMMUNITY HEALTH

2150 Stadium Drive, 2<sup>nd</sup> Floor | Boulder, CO 80309

Patient Label

### X-RAY WAIVER

Your provider may order an x-ray or supplies for you during your visit today. If so, you will receive a separate billing statement from Boulder Community Health. **You may incur an additional x-ray copay or the charges may be applied to your outpatient hospital deductible.** Please let us know if you have any questions.

**PLEASE FILL OUT THIS ENTIRE FORM.**

Today's Date: \_\_\_\_\_ Physician: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

If x-rays are requested and I have my x-rays performed here, I am responsible for these charges as well. X-rays may be applied to an outpatient hospital deductible. I will either supply my insurance information to the front desk staff or I will pay for these x-rays in full at the time of service (discounts may apply if payment is made in full at the time of service). I understand that I cannot submit discounted self-pay charges to any insurance company if I receive said self-pay discount.

**Signature:** \_\_\_\_\_

(This waiver is good for multiple dates of service pertaining to the diagnoses being treated at the time this waiver was signed and the duration of treatment for these diagnoses.)