



Sports Medicine and Performance Center

UNIVERSITY OF COLORADO | SCHOOL OF MEDICINE

IN PARTNERSHIP WITH BOULDER COMMUNITY HEALTH

X-RAY WAIVER

Your physician 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 PRINT)

Today's Date: _____ Physician: _____

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

INSURANCE

Policy Holder: _____ Date of Birth: _____

Policy Holder's Relation to You: _____

If you are a student, please provide the following:

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

If your injury is due to an auto accident or filed under worker's compensation, please complete the following:

Date of Accident: _____

Claim #: _____

Insurance: _____

Adjustor: _____

Phone #: _____

X-Rays – 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.)