

PATIENT DEMOGRAPHICS

PATIENT HEALTH INSURANCE WAIVER

Printe Autho	ed Name and Relationship of Person orized to Sign for Patient on Patient is Unable to Sign ダ ダ ダ ダ ダ	Date	this
Printe Autho	ed Name and Relationship of Person orized to Sign for Patient on Patient is Unable to Sign ダ ダ ダ ダ ダ	3 3 3 3 3 3 3	this
Printe Autho	ed Name and Relationship of Person orized to Sign for Patient on Patient is Unable to Sign		this
Printe	ed Name and Relationship of Person orized to Sign for Patient	_ Date	this
form) Printe	ed Name and Relationship of Person	_ Date	this
	nt Signature (or parent/guardian/other-authorized p	Date	this
	nt Signature (or parent/guardian/other-authorized p		this
		person if patient is a minor, mentally incompetent, or physically unable to sign	
		since it is my personal decision not to use my health insuran even though I understand that these services/therapies are consiPay)	
	my primary care physicianBill insurance	Do not bill insurance (Elective Self Pay)	
	from my primary care physician. It is	uired by my health insurance policy has not been obtain is my personal decision not to obtain the authorization fro	
_	Bill insurance	Do not bill insurance (Elective Self Pay)	_
	The scope of services rendered by policy.	by this provider may not be covered by my health insurar	ce
	nealth insurance. Therefore these s	services/therapies are not covered by my policyDo not bill insurance (Elective Self Pay)	
		e services or therapies is not a participating provider w	ith my
finar	ncial responsibility).		
Estin	nate of CU Medicine charges	(this is only an estimate and may not be the f	<u>ull</u>
-	nsurance billed first.		
my i	by (provider)_	even if I elect to ha	ve
	•	, , , ,	,
Medi	cine. I further understand I may be res	esponsible for all charges incurred today for (service/cpt of	ode)
Den\ Medi	ver School of Medicine. I understand the cine. I further understand I may be res	s provided by a medical provider of the University of Colo that these services and/or therapies will be billed by CU esponsible for all charges incurred today for (service/cpt of	

