

# COLORADO DERMATOLOGY SPECIALISTS

## HEALTH INSURANCE WAIVER

Colorado Dermatology Specialists offers patients who do not have health insurance or have an insurance policy that we are not in network with to elect to pay at a self-pay rate. These services are discounted, and a waiver of insurance submission is required.

**Please initial next to the following statement(s) appropriate for today's services, and sign below.**

- I have no active health insurance; and have elected to be self-pay
  
- The physician I am seeing today **is not a participating physician** with my health insurance plan; therefore no services will be covered by my insurance policy and I elect to be self-pay
  
- No claim will be sent to my insurance since it is my personal decision not to use my health insurance benefits for today's services

**I acknowledge and fully understand that the service(s) requested today will not be billed to any insurance carrier(s) at my request. I also understand that I waive any right that I may have to require Colorado Dermatology Specialists to attempt to bill any insurance carrier for these services.**

**I acknowledge that I DO NOT HAVE Medicaid insurance.**

**I agree to pay my bill in full for today's visit.**

\_\_\_\_\_  
Patient/Guardian Print Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Please print name of accompanying adult

\_\_\_\_\_  
Today's Date