



Sports Medicine &
Performance Center

UNIVERSITY OF COLORADO

IN PARTNERSHIP WITH BOULDER COMMUNITY HEALTH

2150 Stadium Drive, 2nd Floor | Boulder, CO 80309

Patient Label

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: _____

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.)