



Physician Foundation
at California Pacific
Medical Center

A Sutter Health Affiliate
With You. For Life.

FAMILY HEALTH CENTER

AUTHORIZATION FOR SERVICES AND INSURANCE WAIVER

By signing this form, I _____ (Patient Name/Guardian) am waiving insurance liability for the following services (please check all that apply):

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
<input type="checkbox"/> 90632	Hepatitis A	<input type="checkbox"/> 90717	Yellow Fever
<input type="checkbox"/> 90746	Hepatitis B	<input type="checkbox"/> 90733	Menomune (<11 & >55 yrs)
<input type="checkbox"/> 90636	Twinrix	<input type="checkbox"/> 90734	Menactra (11 to 55 yrs)
<input type="checkbox"/> 90714	Td	<input type="checkbox"/> 90675	Rabies, IM
<input type="checkbox"/> 90715	Tdap	<input type="checkbox"/> 90735	Japanese Encephalitis
<input type="checkbox"/> 90691	Typhim Vi	<input type="checkbox"/> _____	_____
<input type="checkbox"/> 90690	Typhoid Oral	<input type="checkbox"/> _____	_____
<input type="checkbox"/> 90713	Polio	<input type="checkbox"/> _____	_____

By opting out of my health insurance benefit coverage for the above listed services, it is understood that I will be financially responsible for all services and costs I incur as self-pay patient.

It is agreed upon by the Family Health Center and me that by signing this form, the Family Health Center will not submit any bills to my insurance carrier now or at a later date for the services indicated above.

In addition, it is also agreed upon by the Family Health Center and me that by signing this form, I will not seek out of pocket expenses from my health insurance carrier for the services listed above.

A comprehensive service which includes a medical travel history, travel advice (regularly updated) and prescriptions as needed is provided for a fee of (\$25) twenty-five dollars. This service is not normally covered by health insurance.

Patient Name

Patient/Guardian Signature

Today's Date

This waiver is good for one year from the date of signing. If the patient would like to nullify this agreement prior to that time and have insurance billed for any services listed above, they must make the request in writing and it must be dated. Any insurance claims for treatments received will occur after the date on nullification request.