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MEDICARE/MEDICAID WAIVER

I have been notified by my physician/practitioner that he/she believes, that in my case, Medicare/Medicaid may deny payment for the services provided today. If Medicare or Medicaid denied payment, I agree to be personally and fully responsible for payment.

Note: This notice applies if:

- A) One or more limited coverage tests, and/or investigational tests are requested by the Physician, either separately or as part of a panel, test combination/profile, AND
- B) For limited coverage tests, the patient's diagnosis DOES NOT match any of the ICD-9 codes established as eligible for coverage by the Medicare/Medicaid carrier, or the test(s) being performed is subject to frequency limitations.

Medicare/Medicaid does not pay for laboratory tests associated with routine screening and/or annual physicals, except for children under 18 years of age. Medicare and Medicaid will only pay for services that it determines to be reasonable and necessary under Medicare/Medicaid law. If Medicare/Medicaid determines that a particular service, although it would be covered, is not reasonable and necessary under program standards, Medicare/Medicaid will deny payment for that service.

Patient's signature

Date