



Financial Assistance Waiver

(Charity Care)

University Medical Imaging, PC does not participate in the University of Rochester Financial Assistance Program. If you choose to proceed with your exam, you will be responsible for any charges your insurance does not cover.

By signing below you are acknowledging that you have been notified that we do not participate and are responsible for all charges incurred.

- Yes, I participate in the University of Rochester Financial Assistance program and would like to proceed with my exam. I understand that I am responsible for all charges incurred.
- Yes, I participate in the University of Rochester Financial Assistance program and do not want to proceed with my exam.
- No, I do not participate in the University of Rochester Financial Assistance program.

Patient/Power of Attorney/Parent or Legal Guardian

Date

Pt Name: _____

MRN: _____

Exam Date: _____

Faxed to Billing: _____