



Waiver of Insurance Billing for Private Paying Patients

You have registered as a private paying patient. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment, you are receiving a discount. Under this agreement, we will not bill insurance for services provided. **No forms will be produced now, or in the future, for you or us to submit for insurance billing.**

Test	Rates
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

I agree to:

- 1) Pay at the time of service, and
- 2) Waive insurance billing by Primex Clinical Laboratories

Patient name (please print) _____

Patient Signature _____

Date _____