



Andrea Woodroof, M.D.
Phone: 606-219-4184
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CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

2021 Self-Pay Acknowledgement.docx

Acknowledgment of "Self-Pay" Option & Patient Responsibility

MRN: _____

Please fill out the *italicized* portions.

Full Name (First, Middle, Last): _____

Any other prior names: _____

DOB: _____ *SSN#:* _____

Acknowledgment: A "Self-Pay" price is available for patients who want to pay for our medical services and will not be submitting the claim to an insurance carrier.

Although our company does not have control over the policies of your insurance company...we want you to know what to expect so that you can make an informed decision. When you choose "Self-Pay", you understand:

- All fees for the "Self-Pay" service must be paid on the date of service.
- "Self-Pay" services will not likely be reimbursed by your insurance carrier or applied to your deductible.
- The "Self-Pay" price covers services provided only on the date of service.
- Depending on your insurance company's policy... any follow-up visits pertaining to the "Self-Pay" visit could potentially be "Self-Pay" as well.

You may want to discuss the above issues (and other possibilities) with your insurance carrier before agreeing to the "Self-Pay" price.

By my signature below, I acknowledge that I have read and understand the above.

Signature of Patient or Patient Representative

Date

If signed by someone other than the patient, please specify relationship to the patient:

Locations:

100 Sarah's Ln, Somerset, KY 42503
38 Dr. Joe T. Pettet Dr., Russell Springs, KY 42642



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