



Insurance Billing Waiver

By signing this form below, I understand that either the Marion County Health Department (MCHD) may currently not be a provider for my medical health insurance, or certain services rendered are not billed to private or public medical insurance.

I have elected to privately pay for any/all the requested services listed below that fall into those categories. I understand that my medical insurance will not be billed for the listed service(s). I understand that I must pay at the time of service for the services being provided by the MCHD.

I understand that if I submit charges to my insurance company on my own behalf that the Marion County Health Department is not responsible for repayment of any funds that are reduced or denied by my medical insurance company.

List of the services provided by the MCHD that are **not** billed to **private insurance** companies via MCHD:

- | | | |
|--|--|---|
| All laboratory services | All STD testing services | All drug testing services |
| Head lice checks | Rabies Pre-Exposure Prophylaxis (PrEP) | IDPH Pediatric TB Risk Assessment and TB skin tests |
| IDPH Childhood Lead Risk Assessment and capillary or venous lead tests | Vision and hearing screenings | Fecal Immunochemical testing (FIT) |

List of the services provided by the MCHD that are **not** billed to **private insurance or Medicaid** via MCHD:

- | | | |
|------------------------------------|--|--|
| All laboratory services | All STD testing services | Rabies Pre-Exposure Prophylaxis (PrEP) |
| Fecal Immunochemical testing (FIT) | Common travel vaccines (Typhoid, Yellow Fever) | |

List of the services provided by the MCHD that are **not** billed directly to **Medicare** via MCHD:

- | | | |
|--|--|---|
| All laboratory services | All STD testing services | All drug testing services |
| Head lice checks | Rabies Pre-Exposure Prophylaxis (PrEP) | IDPH Pediatric TB Risk Assessment and TB skin tests |
| IDPH Childhood Lead Risk Assessment and capillary or venous lead tests | Vision and hearing screenings | Immunizations (*excluding influenza and pneumonia) |
| | Fecal Immunochemical testing (FIT) | Common travel vaccines (Typhoid, Yellow Fever) |

Patient/Parent or Legal Guardian Signature

Date

This signed and dated medical insurance waiver will remain in effect, unless revoked by the Marion County Health Department or patient in writing.