

## Potentially Life-Saving Cardiovascular Testing Is Affordable!

There are no upfront costs for the testing. Wimbledon Health Partners (WHP) will bill your health insurance carrier once testing has been completed, accepting what your carrier deems usual and customary. As required by law, the deductible and co-insurance will be billed (if applicable).

**If you answer "yes" to any of the following questions, you qualify for a waiver, which eliminates any balance due.**

- Is your family saving for education expenses?
- Are you a college student with significant financial restrictions?
- Do you have significant debt resulting in creditor action for non-luxury items?
- Is a family income contributor who is usually employed current unemployed?
- Do you have an annual income level below 200% of Federal poverty levels?

Simply fill out the waiver (attached), sign, and return it with either the EOB you receive from your insurance carrier or with the bill you receive from Wimbledon Health Partners. You may also send it directly to WHP as follows:

**Fax:** (855) 400-8262

**Email:** [athletics@dxtesting.com](mailto:athletics@dxtesting.com)

**Mail:** 7000 W. Palmetto Park Road, Suite 205, Boca Raton, FL 33433

If you have any questions regarding your health benefits or how your HSA/FSA/HRA account may be affected, please call **WHP Customer Relations** at **(855) 200-8262**.

## WAIVER OF FINANCIAL RESPONSIBILITY

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnostic Testing Services Performed: \_\_\_\_\_

Name of Physician or Testing Facility: \_\_\_\_\_

I have been informed that it is not permissible for a medical provider to waive or reduce allowed amounts owed for insurance balances, deductibles, or co-insurance unless payment creates a genuine financial hardship. I also understand it is necessary to have a valid explanation of the financial circumstances that create this hardship.

**A. PLEASE MARK ALL FINANCIAL HARDSHIP CIRCUMSTANCES THAT APPLY:**

- Annual income level below 200% of Federal poverty levels (*based on 2017 guidelines*)
- Unemployment of a family income contributor who is usually employed
- Significant debt resulting in creditor action for non-luxury items
- A college student with significant financial restrictions
- A family saving for education expenses
- Other \_\_\_\_\_



Household Size	200%
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

**B.** In order to assist us in determining if you have the ability to pay your balance, deductible, or co-insurance, please answer the following questions. Leave blank if not applicable or if you are unsure.

ARE YOU EMPLOYED? YES  NO

WHAT IS YOUR ANNUAL INCOME FROM:

Employment: _____	Investments: _____
Social Security: _____	Other: _____
Retirement: _____	

WHAT ARE YOUR MONTHLY EXPENSES?

Rent or House Payment: _____	Food: _____
Utilities: _____	Medical Bills: _____
Car Payment: _____	Education Expenses: _____
Other Transportation: _____	Other: _____

HOW MUCH DO YOU HAVE IN SAVINGS TO WHICH YOU HAVE IMMEDIATE ACCESS? \_\_\_\_\_

**C.** I attest to the truthfulness of the above information and understand that completion of this form does not guarantee that payment of any amounts I owe will be waived or reduced.

\_\_\_\_\_  
 Signature of patient, or parent/ legal guardian if patient is a minor      Parent or legal guardian name