



Waiver of Liability for Virtual Colonoscopy

_____ (Insurance Company Name) may not cover services of Virtual colonoscopy. If your insurance determines that it will not cover this service for medical necessity or any other reason, you agree to be financially responsible for payment to Greensboro Imaging, LLC.

The procedure codes that are related to Virtual Colonoscopy are 74150, 72192, 76175 and any evaluation and management services provided by the Radiologist during your visit(s). If your insurance accepts the management services provided by the Radiologist during your visit(s). If your insurance accepts the temporary procedure codes for this service, then we would bill 0066T or 0067T depending on whether the virtual colonoscopy is a screening or diagnostic procedure.

BENEFICIARY AGREEMENT

I have been notified by my physician/supplier that he/she believes that, in my case, my insurance may deny payment for the services identified above for the reasons stated. *If my Insurance denies payment, I agree to be personally and fully responsible for payment.*

Beneficiary's Signature

Date
