Boulder Community Health

Financial Release Waiver for Medical Aid in Dying

Boulder Community Health (BCH) requires a signature on this form for patients who have either opted out of using insurance for Medical Aid in Dying (MAID) services, or are beneficiaries of federal government programs (including, but not limited to, Medicare, Medicaid, or TRICARE) that do not cover MAID services. By signing this form, you acknowledge all of the following:

1. I understand that the HIPAA Privacy Rule allows patients to request the restriction of disclosure of their protected health information (PHI) to a health plan for purposes of treatment, payment, or healthcare operations (unless otherwise required by law).
2. I understand that if I choose not to use insurance for MAID services and pay out of pocket, in full, on the dates of service, a claim will not be submitted to my insurance for services provided during these visits.
3. I understand that federal law prohibits the use of federal funds to provide MAID services. I understand that as a result of this prohibition, MAID services cannot be billed to any federally funded payor such as Medicare, Medicaid, or TRICARE. I acknowledge that a claim for MAID services will not be submitted to my insurer.
4. I understand Colorado's MAID law requires two visits with my attending provider at BCH, a separate visit with a consulting provider, and may require a separate visit with a mental health professional if my attending provider observes signs that I may not be capable of making an informed decision about MAID.
5. I understand that I will be charged $175.00 per visit for the two legally required visits to my BCH attending provider for MAID purposes and that I am personally responsible for all charges associated with MAID services, including appointments and prescriptions, provided to me. I understand that this waiver and the rate of $175.00 per visit apply only to my two visits with my BCH attending provider and do not cover my legally required visit to a consulting provider or, if necessary, a visit to a mental health professional.
6. I agree to pay all applicable appointment fees at the time of service.
7. I acknowledge that I have had the opportunity to ask questions regarding my financial responsibility and that all questions have been answered to my satisfaction.

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