Self-Pay Election Form

I, _____, the undersigned patient or responsible party if patient is a minor, acknowledge that I understand and agree to the following:

1. Essential Health & Wellness may be or are participating providers with my insurance company.

2. I could be or could not be covered by one of the above-named health insurance plans with the above-named insurance company.

3. The health plan under which I am or am not covered includes benefits for some or all the services provided by Essential Health & Wellness

4. Even if I do have insurance and knowing I might be covered for today's visit, I do not wish Essential Health & Wellness to submit a claim to my insurance company for the following service(s) provided to me on this date.

5. I UNDERSTAND I WILL NOT SUBMIT THESE CHARGES AND PAYMENTS TO MY INSURANCE COMPANY BECAUSE I AM WAIVING MY RIGHT TO DO SO.

6. I am electing to self-pay for the following services supplied to me on this date at discounted cash price rates. Services for self-pay with amounts:

7. By electing to self-pay for the above services, I understand that any payments that I make to Essential Health & Wellness will not be credited toward satisfying any deductible I may be subject to under my health insurance plan.

8. I have read this Election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.

9. I have freely chosen to self-pay for the above services after having asked Essential Health & Wellness about payment options and having carefully considered those options.

Date: _____ Signature: _____

Signature of patient or responsible party if patient is a minor or is otherwise unable to sign for him/herself.

_____ Printed Name

_____ Relationship to patient

_____ Signature of Office Personnel

NOTE: No records from this visit should EVER be sent to the patient's insurance. Ensure this record is marked as such otherwise this will result in a HIPAA violation.