



**304 Pennington Harbourton Road  
Pennington, NJ 08534  
Phone: 609-293-3904  
Fax: 609-739-9087**

## **Patient Self Pay Agreement**

I, \_\_\_\_\_ (Patient Name)

have requested DR. BOXER AT HOME to provide the following services to me with the understanding that my physician is not participating with my insurance plan at this time and therefore these services will not be covered.

SERVICES TO BE PROVIDED + COST

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I understand that by signing this acknowledgement I will be responsible to pay for all of the providers' charges for the services rendered to me and/or my child.

**Signed by:** \_\_\_\_\_

**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Patient Date of Birth**