

Patient Name _____

Today's Date _____

Amistad Clinic Self-Pay and ACH Agreement

At the Amistad Clinic, we understand that not everyone has health insurance. It is our goal to work with every patient without health insurance to find an affordable, reasonable way to pay for a visit.

A signed Self-Pay and ACH Agreement must be on file prior to receiving medical services.

Each self-pay patient, at the initial clinic visit, will pay a \$58 down-payment for medical services rendered at the time of their visit.

Any remaining amount for medical services provided may be paid for on a monthly basis. A credit card or debit card authorized for a monthly payment must be on file.

Our clinic follows the American Medical Association CPT codes for billing purposes. We do not set our own fees for billable medical services out of fairness to all we serve.

Here is a list of commonly billed services that include, but are not limited to:

Type of Service	Length of Visit	Cost of Service	CPT Code
New Patient Office Visit	10 Minutes	\$58	99201
New Patient Office Visit	20 Minutes	\$98	99202
New Patient Office Visit	30 Minutes	\$140	99203
Established Patient Office Visit	10 Minutes	\$56	99212
Established Patient Office Visit	15 Minutes	\$94	99213
Established Patient Office Visit	25 Minutes	\$139	99214
EKG		\$22	9300

I agree to pay for my medical services in full at the time of my visit.

Or

I agree to pay \$58 at the time of my appointment and authorize the Amistad Clinic to charge my credit/debit card _____ per month on the _____ of every month until the balance is paid in full.

Name on Card _____

Billing Address for debit/credit card on file _____

City _____ State _____ Zip _____

Debit/Credit Card Number _____ Expiration MO/YR _____

CVV (3 Digit code) _____

Signature _____

Date _____

Clinic Manager/Amistad Staff _____

Date _____