

## Self-Pay Agreement

The Self-Pay Agreement is intended to provide Self-Pay patients/legal guardians with an understanding of the financial aspect of healthcare services provided at Conventions Psychiatry & Counseling. The patient/legal guardian will be responsible for full payment of charges at the time of services.

The patient has been registered as Self-Pay due to the following reasons marked below:

**The patient/legal guardian does not have insurance coverage.**

**The provider performing services or therapies is not a participating provider with my health insurance. Therefore, these services/therapies are not covered by my policy.**

**The scope of services rendered by this provider may not be covered by my health insurance policy.**

**The appropriate authorization required by my health insurance policy has not been obtained from my primary care physician. It is my personal decision not to obtain the authorization from my primary care physician.**

**No claim will be sent to my insurance since it is my personal decision not to use my health insurance benefits for the above services/therapies even though I understand that these services/therapies are considered covered by my policy.**

Conventions will not bill any insurance plan at a later date if the Patient/Legal Guardian elects to be Self-Pay at the time of service.

This agreement is valid for 1 year from the date below unless there are changes in payment status including new insurance or services.

**My signature below acknowledges receipt of the Self-Pay Agreement.**

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Patient Name (Please Print)

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Patient/Legal Guardian Signature

Date

**Self-Pay Agreement explained by:**

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Staff Name (Print)

Date