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ELECTIVE SELF-PAY AGREEMENT

You have requested that your or your dependent's medical visits at Pemberton & Young Counseling, LLC be coded as "Self-Pay" services. By signing this form, you are acknowledging that you understand that Pemberton & Young Counseling, LLC will not be billing any insurance carrier for services provided, and that you agree to the Self-Pay policies and guidelines as listed below:

- **Self-Pay services must be paid in full on the date of service**
- Self-Pay rates at Pemberton & Young Counseling, LLC are subject to change or increase. Rates will be updated annually to reflect industry pricing.
- If you have health insurance that you are electing not to bill for services, you will likely not be reimbursed by your carrier nor be able to apply these payments toward your deductible.
- Pemberton & Young Counseling, LLC will not submit billing to your insurance carrier for previously completed Self-Pay visits if you choose to revoke your Self-Pay status at a later date.
- A Prompt Pay Discount (PPD) does not apply to patients involved in grants or special programs.

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

- The patient/legal guardian does not have health insurance, or their insurance company is not contracted with Pemberton & Young Counseling, LLC.
- I am covered by a contracted insurance company, but I do not wish Pemberton & Young Counseling, LLC to submit a claim to my carrier. Instead, I elect to pay for all services out of pocket. I freely choose to Self-Pay for medical services at Pemberton & Young Counseling, LLC and understand the associated clinic policies. I understand that if I wish to revoke this election and resume billing a contracted insurance carrier, I can do so by submitting the Pemberton & Young Counseling, LLC revocation form.

My signature below acknowledges receipt of the Self-Pay Agreement

Patient Name

Date of Birth

Patient/Legal Guardian Signature

Relationship to Patient

Date