

**Pain and Spine Consultants, PA dba
Spine and Pain Care
PRIVATE PAY AGREEMENT**

I elect to pay privately for **ALL** my treatment at the time of service. I agree to pay for services at the current private pay rate. The private pay rate is reflective of the decreased administrative costs necessary to bill and obtain payment from an insurance company or other party.

I understand that:

- As of the signature date of this agreement, payment for all dates of service from this point on forward will be **due at the time of service.**
- As of the signature date of this agreement, this agreement replaces any existing agreements to bill my insurance company, private or state labor and industries, or any other party.
- Spine and Pain Care will not bill any dates of service covered under this agreement to any insurance company, private or state labor and industries, or any other party at any time or provide additional statements or billing summaries of any kind.
- For dates of services that are incurred **after** canceling this agreement, I can request that Spine and Pain Care bill my insurance company or other party. I will complete a new assignment of benefits agreement and provide all information necessary to bill my insurance company or other party.
- This agreement can be canceled at any time at patient's request in writing.

In signing below, I agree to understand the terms of this agreement. This agreement will remain in force until canceled in writing by the patient or guardian signing below.

Patient Name

Patient or Legal Guardian Signature

Date

Witness

Date