



Waiver of Insurance Billing for Private Pay Patients

You have chosen to be a private pay patient for the service(s) listed below. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment, you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now, or in the future, for you or us to submit for insurance billing.

Agreed upon private pay rate for:

TOTAL: \$_____

I agree to:

1. Pay the full amount above at the time of service, and
2. Waive insurance billing by Orthopaedic Specialty Institute

Further, I attest that I do not have Medicaid for insurance purposes, as Federal Law disallows Medicaid clients from paying out of pocket for these services.

Patient Name: _____

Patient Signature: _____ Date: _____

Witness: _____