



R & R PSYCHIATRIC CARE

2680 S Val Vista Dr, Building 15 Suite 185, Gilbert, AZ 85295
Office (480) 630-4434 Fax (480) 630-5285 www.rrwellness.org

PATIENT ELECTION TO SELF-PAY FOR SERVICES

I, the undersigned patient, acknowledge that I understand and agree to the following:

- R & R Psychiatric Care ("Clinic") is a participating provider in the health insurance plan under which I am covered.
- The health plan under which I am covered includes benefits for some or all of the services provided by Clinic.
- Despite the above, I do not wish Clinic to submit a claim to my health insurance plan for services provided to me by Clinic.
- Until such time as I may otherwise advise Clinic in writing, I elect to pay for all services I receive from Clinic at their Self-Pay patient rates.
- By election to self-pay for services, any payments I make to Clinic will not be credited toward satisfying any deductible I may be subject to under my health insurance plan with Company unless otherwise permitted under the terms of my health plan.
- I have read this Election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.
- I have freely chosen to self-pay for services after having asked Clinic about payment options and having carefully considered those options.
- I agree that a photocopy or electronic copy of this form shall be considered as valid as the original.
- Expiration: This election to self-pay for services will expire 60 days after the date of closure of care and discharge from R & R Psychiatric Care OR when the client rescinds this election, whichever is sooner.
- If applicable, I attest that I am the legal guardian and have the right to consent on behalf of this minor.

Signature of Client or Legal Guardian

Printed Name

Date

Name of Client if a Minor