

# OSSC

## OUTPATIENT SURGICAL SPECIALTIES CENTER, LLC

### Patient Election to Self-Pay

I, \_\_\_\_\_, the undersigned patient or person responsible for the patient, acknowledge that I understand and agree to the following:

Outpatient Surgical Specialties Center, LLC (“OSSC”) and Physicians Anesthesia Services, PC (“PAS”) or Leighow Anesthesia (“LA”) may be a participating provider with my health insurance plan: \_\_\_\_\_.

- I am covered by the above-mentioned health insurance plan and the health plan under which I’m covered includes benefits for some or all of the services provided to me by the OSSC & PAS/LA. \_\_\_\_\_ (Initials)
- Despite the covered service, I do NOT wish that OSSC or PAS/LA submit a claim to my health insurance plan for services provided to me. \_\_\_\_\_ (Initials)
- By my election to Self-Pay, any payments I make to OSSC or PAS/LA will not be credited toward satisfying any deductible or cost-share I may be subject to under my health insurance plan, unless otherwise permitted under the terms of my health plan in which I am responsible for. \_\_\_\_\_ (Initials)

**OR**

I do NOT have health insurance and I am aware that Outpatient Surgical Specialties Center, LLC (“OSSC”) and Physicians Anesthesia Services, PC (“PAS”) or Leighow Anesthesia (“LA”) will not be filing a health insurance claim.

I have read the Self Pay Disclosure Form as well as this Election to Self-Pay Form and have had the opportunity to ask any questions I may have had about the forms. Any questions I may have had about this form have been answered to my satisfaction.

Unit such time I may otherwise advise OSSC or PAS/LA in writing, I have freely chosen to elect to pay for all services I receive.

\_\_\_\_\_  
Patient or Responsible Party’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient and/or responsible Party’s Printed Name & Relationship

\_\_\_\_\_  
Witness Signature

11704 West Center Road Suite 110 Omaha, NE 68144  
Phone 402-691-1575 Fax 402-691-1599  
[www.outpatientsurgeryomaha.com](http://www.outpatientsurgeryomaha.com)