



# OUTPATIENT SURGICAL SPECIALTIES CENTER<sup>LLC</sup>

## 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 or disclose protected health information pertaining to such services for which I, or another person on my behalf, has agreed to be paid to OSSC or PAS/LA in full. \_\_\_\_\_ (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