

# FAMILY MEDICAL CENTER

## SELF PAY AGREEMENT/INSURANCE WAIVER

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This *Self Pay Agreement/Insurance Waiver* is intended to provide patients with an understanding of the financial aspect of healthcare services provided at Family Medical Center.

- A *Self Pay Agreement/Insurance Waiver* must be signed for each date of service.
- The patient/legal guardian will be required to make payment in full in order to receive discounted self pay rates.
- Family Medical Center will not bill any insurance plan at a later date if the patient/legal guardian elects to self pay at the time of service, nor will Family Medical Center respond to any insurance carrier's or Health Savings Account/Flex Spending Account's request for additional information or itemization of fees.

Discounted self pay rates do not apply to:

- Patients that have insurance and select not to utilize their insurance.
- Balances after all covered expenses or eligible services have been billed to an insurance carrier.
- Amounts due according to the insurance plan Explanation of Benefits (i.e. deductible, coinsurance and/or copayments).

The patient has been registered as self pay due to the following reason:

The patient/legal guardian does not have insurance coverage.

- or -

The rendering provider of these services is not a participating provider with my health insurance carrier, therefore these services are not covered.

No claim will be sent to my insurance since it's my personal decision not to use my health insurance benefits for the services rendered even though I understand that these services are considered covered by my policy.

My signature acknowledges receipt of this *Self Pay Agreement/Insurance Waiver*.

**Family Medical Center**  
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\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date of Service