



(Ph)541.773.9772

(Ph)541.830.4325

Waiver of Insurance Billing for Private Pay Patients

You have registered as a private pay patient. 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.

I agree to:

1. Pay at the time of service and
2. Waive insurance billing by Complete Care

Patient Name

Patient Signature

Date