



I understand that:

- Because I have not provided applicable insurance information to FFPC, my account will remain as “self-pay.”
- “Self-pay” means that I am financially responsible for all services rendered and/or ordered by my clinician.
- I can request an estimate for the services that will be rendered today. I understand that the information provided is an estimate only and prices may vary based on the actual services rendered. I will be responsible for any additional costs that are not included in the estimate.
- Prior to services being rendered, I will be required to pay an initial deposit. This deposit will be applied to the services I receive today, and I will receive a bill for the remaining balance, which I am also required to pay.

The initial deposit for today is: \$_____.

Patient or Guarantor Printed Name

Date

Patient or Guarantor Signature

Relationship to Patient

Witness Printed Name

Date

Witness Signature

Interpreter Information (To be completed by FFPC staff, if applicable):

☐ In person ☐ Telephonic ☐ Video Interpreter name/ID number (if applicable)

☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed