Rising Phoenix Counseling Services, PLLC
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PATIENT ELECTION TO SELF-PAY FOR SERVICES

I, _____, the undersigned patient, acknowledge that I understand and agree that:

1. Laila Daniel, LCMHC with Rising Phoenix Counseling Services, PLLC is a participating provider with Humana and BCBS.

2. I am covered by one of the company health insurance plans noted above

3. The health plan under which I am covered includes benefits for some or all of the services provided by Rising Phoenix Counseling Services, PLLC.

4. . Despite the above, I do not wish Rising Phoenix Counseling Services, PLLC to submit a claim to my designated insurance provider for services provided to me by Rising Phoenix Counseling Services, PLLC.

5. Until such time as I may otherwise Rising Phoenix Counseling Services, PLLC in writing, I elect to pay for all services I receive from Rising Phoenix Counseling Services, PLLC at their practice noted in consent and Good Faith Estimate.

6. By election to self-pay for services, any payments I make to Practice will not be credited toward satisfying any deductible I may be subject to under my health insurance plan with designated insurance company unless otherwise permitted under the terms of my health plan.

7. I have read this Election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.

8. I have freely chosen to self-pay for services after having asked Rising Phoenix Counseling Services, PLLC about payment options and having carefully considered those options.

_____ _____

Date Signature of patient

_____

Printed name of patient or responsible party