Catherine's HEALTH CENTER

Insurance Waiver

Self-Pay Patient/Non-Covered Service

Catherine's Health Center participates with several insurances. There may be times when you choose to have a non-covered service or see a provider that is not covered by your insurance. For these services, you will have to pay, and it is called an "out-of-pocket cost." You may apply for the Sliding Fee Discount Program to assist with the out-of-pocket costs for those services. Ask our staff if you have questions.

Please initial below next to the appropriate response for yourself/your family today:

_____ I do not have any type of medical/dental insurance. I declare that I am self-pay.

_____ I am aware that my insurance/provider is out of network (not covered by my insurance plan). I choose to continue with services.

_____ I am aware that my insurance/Medicaid does not cover my services. I choose to continue with my services.

Services:

By initialing above and signing below, I confirm that I have been informed and I am aware of my services and the associated costs for today.

_____

Patient Full Name

_____ _____

Signature of Patient Date

_____

Staff Member Name

_____ _____

Signature of Staff Member Date