
Spine Disorders of Arizona, PC

SELF-PAY PATIENT PAYMENT AGREEMENT

I understand that I will be responsible for all charges related to the services provided to me by Dr. Duane D. H. Pitt (hereinafter known as “the physician”). I understand that the charges presented to me are due in full on the day of service. I also understand that these charges are solely in relation to professional services provided by the physician, and or other services that are performed in the office. If additional services other than those generally included in the procedure are required, I will be responsible for payment of those services.

All other services that require me to go elsewhere such as x-rays, MRI’s, CT’s, etc., are not included in my fee. I will be billed separately for these services from the facility or provider location.

I understand that I will not seek reimbursement from my insurance carrier and I understand that Spine Disorders of Arizona PC will not bill my insurance carrier for the services. I understand that the amount I pay under the Self Pay Pricing Schedule (see Attachment A) will not be applied to or count toward any deductible or other cost-sharing obligations I may have under my health insurance plan.

The patient certifies that he/she has read and agreed to the forgoing, received a copy thereof, and is the patient, the patient’s representative or is duly authorized by the patient as the patient’s general agent to execute the above and accept its terms.

Date:

Patient Name (Please Print)

Patient Signature

Spine Disorders of Arizona, PC

By Duane D. H. Pitt, MD

Attachment A

Self Pay Pricing Schedule

Spine Disorders of Arizona PC will offer cash pricing to its patients with a simple yet comprehensive rate schedule. Spine Disorders of Arizona evaluated industry standards, current practice, and fair market value (FMV) to set the fee for a self pay cash price.

Procedure	CPT Code	Spine Disorders of Arizona Fee
New Patient Consult	99204	285.00
Follow-up Visit	99214	185.00