**SAMPLE FORMS ONLY GIVEN AS EXAMPLE. THESE FORMS DO NOT CONSTITUTE LEGAL ADVICE. MEND VIP MAKES NO GUARANTEES OR REPRESENTATIONS THAT THE CONTENT OF THESE FORMS SATISFY LAWS OF YOUR HOME STATE. MEND VIP CUSTOMERS ARE ADVISED TO CONTACT THEIR LAWYER FOR LEGAL ADVICE.**

**\_\_\_\_\_\_\_\_\_\_\_[Legal Company Name]\_\_\_\_\_\_\_\_\_\_\_ is committed to providing the best quality healthcare services. Your health plan might not provide coverage for certain healthcare services. If we determine that specific services are not covered by your plan, or we are unable to determine ahead of time whether specific healthcare services are covered, payment for the associated charges may be required at the time of service.**

**We will provide you an itemized statement and receipt, which you can use as documentation should you choose to seek reimbursement from your insurance plan, employer, an employer-sponsored medical savings account. We may also, as a courtesy, submit the claim on your behalf to your insurer and, in the event the insurer reimburses on the service, we will promptly refund your payment.**

**Your insurance policy is a contract between you and your insurance company. It is your responsibility to know your health plan benefits, and how they will apply to the payment of charges incurred for healthcare services provided. We are not bound by the terms and conditions applicable to your health plan and are not responsible for determining whether your plan’s benefits will cover any of our services or obtaining any approvals or recovering any benefits under your plan.. By signing this form, you are electing to purchase services that may or may not be covered by your insurance and which may be covered by your plan if obtained from a different provider. . You have selected services for purchase from us on a self-pay basis and have directed us to treat your purchase of these services as if you are an uninsured patient and you agree to be responsible for full payment of the services. There are no assurances that your insurance company will make any payment with respect to the cost of the services you have purchased.**

**\_\_\_\_\_\_\_\_\_\_\_[Legal Company Name]\_\_\_\_\_\_\_\_\_\_\_ has provided you with the charges, in advance, for the services you have requested. You have selected the services and are willing to accept full financial responsibility for payment.**

**By checking the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this Agreement for Self-Payment of Services.**