



SELF-PAY ELECTION

I, _____, the undersigned Patient, hereby acknowledge, understand and agree that:

1. I am covered by a healthcare insurance plan (my "Plan") offered by _____ (my "Insurance Company").
2. Slocum Orthopedics PC (the "Practice") is either a participating provider with my insurance company or is considered an out-of-network plan.
3. My Plan includes benefits for some, or all services provided by the practice.
4. The Practice also participates in the HealthMe online healthcare marketplace ("HealthMe").
5. Despite any potential coverage, I waive the right for the Practice to submit a claim to my Insurance Company for services provided to me by the Practice which were paid for by me through the HealthMe platform. This election shall remain in place only until such services are complete or I notify the Practice otherwise in writing and shall apply only to those services I pay for through HealthMe.
6. I understand that any payments I make to the Practice through HealthMe might not be applied toward satisfying my Plan deductible, depending on the specific terms of my Plan. I also understand that my Plan may limit coverage for services provided to me by the Practice.
7. I have read this Self-Pay Election form and have had the opportunity to ask any questions I have about the form and its terms. All my questions have been answered to my satisfaction.
8. I freely choose to pay for these services myself, after asking about my payment options and carefully considering those options.

Patient Name: _____

Patient Date of Birth: _____

Date Elected: _____

Digital Signature: _____