



Private Pay Agreement

The Provider must inform Members of the costs for non-covered services prior to rendering such services and must obtain a signed Private Pay Agreement from the Community First Medicaid Member. Without written, signed documentation that the Community First Medicaid Member was properly notified of the private pay status, PCP and/or participating provider cannot seek payment from an eligible Community First Medicaid Member.

I understand that

(Provider Name)

is accepting me,

(Patient Name)

as a private pay patient for the period of

, and I will be responsible

for the payment of any services that I receive.

(Dates)

The Provider will not file a claim to Community First Health Plans for services provided to me.

Patient Signature:

Date: