**Declaration of Self Pay Option with ECS**

By signing this document, I declare I am choosing to use ECS Discount Medical Plan and its contracted fee schedule to set the rates at which I will pay instead of using my health care insurance. I do not want my insurance company billed for any of the services I receive. I am choosing this option until a time I wish to in writing declare I want to use my health insurance at this office for my treatment. I understand I am responsible for all payment for any services I receive, none of the fees will be applied to my insurance or an insurance deductible.

I am choosing this option on my own accord as I want to self pay for my care because of the discounted rate I will receive as a member of ECS Discount Medical Plan.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of any other family members that also choose this option:

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**Termination of Self Pay for Care with ECS**

By signing this document, I declare I am choosing to end the use of ECS Discount Medical Plan instead I choose to use my health care insurance. I want my insurance company billed for any of the services I receive. I am choosing this option starting for the date listed by my signature. I understand I am responsible for all payment related to using my insurance for any services I receive.

I am choosing this option on my own accord as I want to discontinue the self pay option for my care. I understand I am not eligible for a refund of my membership fee to ECS except under state law where applicable

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of any other family members that also choose this option:

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