



BOISE STATE UNIVERSITY
HEALTH SERVICES

University Health Services
Self-Pay Agreement

We appreciate you selecting us as your health care provider and look forward to collaborating with you on selecting health care services that will best fit your needs.

I am opting to sign this self-pay agreement form because:

<input type="checkbox"/> I am currently enrolled in an out-of-state Medicaid health insurance plan/Medicare plan (Including Idaho Medicare), which I recognize is not accepted at Health Services	<input type="checkbox"/> I am currently not insured with ANY health insurance companies/My Health Insurance plan is not an actual insurance product that can be billed to by Health Services	<input type="checkbox"/> I am choosing to not bill the specific services chosen below to my health insurance company due to privacy issues/financial hardship/other reasons
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Financial Hardship Need: Briefly explain any financial hardships that have occurred in the past 6 months:

Please put a check in the box next to the service(s) that you do **not** want billed to your health insurance or that you will be paying for out-of-pocket:

- | | | |
|---|---|---|
| <input type="checkbox"/> All Services rendered at Health Services | <input type="checkbox"/> Mental Health Visits | <input type="checkbox"/> For Date of Service: _____ |
| <input type="checkbox"/> Sexual Health Visits | <input type="checkbox"/> Counseling Visits | <input type="checkbox"/> Visits with: _____ |

I, _____ acknowledge that I am responsible for the payment of the services listed above and that they will not be billed to my insurance company upon my request. I am aware that the charges for these services must be paid at the time of service or can be placed on my BroncoWeb account.

If you have any additional questions regarding this agreement please speak with a Health Insurance and Billing staff member.

The Health Insurance and Billing Offices are located on the second floor of the Norco building.
You may also contact the Health Insurance and Billing staff at 208-426-2158 or at healthinsurance@boisestate.edu

Printed Patient Name

University ID Number

Patient Signature

Date

OFFICE USE ONLY

_____ Witness	_____ Date
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