



Date: \_\_\_\_\_

I (Patient/Guardian name) \_\_\_\_\_ understand that I am agreeing to be seen at Florida First Psychiatry Specialist, LLC by one of their providers as an out of pocket/self-pay patient. I understand that they do not take my insurance/or do not have insurance and that I will be responsible for 100% of the charges, regardless of me being an insured patient. This means that we will not bill your insurance and you are responsible for 100% of the charges. We offer evaluation and medication management, psychiatric diagnostic, and psychotherapy services so there may be more than one charge depending on what is done.

Psychiatry Assessment /Treatment

60min appointment \$500 and 30min appointment \$250

Therapy counseling services

60 min appointments \$200 and 30min appointment \$100.

Please know that this includes appointment and time spent on your chart.

No shows \$45

Insurances that we are not only out of network with, but we do not take.(subject to change) Ambetter, Better Health, Beacon Health Options under Aetna, Florida Healthy Kids Humana Medicaid, Medicaid (includes Sunshine Health/Prestige), Railroad Medicare, WellCare, United Healthcare OPTUM (all products) – AARP (all), AVMED Bind, Oxford, Choice Plus, UMR3, Oxford Freedom, Evercare, Golden Rule, All savers Insurance Harvard Pilgrim, Compass Plus, FL Medicaid CMMA and Medicaid OSCAR

\_\_\_\_\_  
Date: Guardian/Patient (Print)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date: Witness Name (Print)  
(Management Only)

\_\_\_\_\_  
Witness Name (Signature)