



PATIENT ELECTION TO SELF-PAY FOR SERVICES

In 2013, the Department of Health and Human Services issued updates to HIPAA privacy regulations. Those updates gave patients more control over who has access to their Personal Health Information (PHI), including their own insurance companies. Under HIPAA, patients may opt out of using their insurance benefits to prevent reporting this service to their insurance carrier. Additionally, on Feb. 18, 2010, the HITECH Act regulated that a health care provider is required to honor a patient's request to restrict disclosure of PHI to a health plan for purposes other than carrying out treatment (specifically, payment or health care operations) if the patient pays the health care provider out of pocket in full.¹ This means that if a patient does not wish to use their health insurance, they can request their insurance not be billed.

I, _____, the undersigned patient, acknowledge that I understand and agree that:

1. I am _____ Uninsured. _____ Underinsured.
I may have insurance in which MD Labs is a provider.
2. The health plan under which I am covered may include benefits for some or all of the services provided by MD Labs.
3. Despite the above, I do not wish MD Labs to submit a claim to my insurance for services provided to me by MD Labs.
4. By election to self-pay for services, any payments I make to MD Labs will not be credited toward satisfying any deductible I may be subject to under my health insurance.
5. I understand if MD Labs does not receive my payment within 60 days of my initial invoice date, MD Labs reserves the right to revoke this *Election to Self-Pay* and will bill my insurance for all applicable charges. I acknowledge that I will then be responsible for any co-insurance, co-payment or deductible amounts determined by my insurance as my responsibility.
6. Until such time as I may otherwise advise MD Labs by submitting a *Revocation of Election to Self-Pay* form – located on MD Labs website at MDLabs.com/BillingResources – by FAX to **775-737-9133** or email to billingquestions@mdlabs.com, I elect to pay for all service I receive from MD Labs at the current self-pay rate.
7. I have read this *Election to Self-Pay for Services* form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.
8. I have freely chosen to self-pay for services after having asked MD Labs about payment options and having carefully considered those options.

Patient Name (Print)

Patient DOB (MM/DD/YYYY)

Patient Signature

Date

Should you have any questions or concerns, call MD Labs Billing Department at 775-499-5150.

¹ Reference: Section 13405 of Subtitle D of the HITECH Act (42 USC 17935)