COMPASSIONATE MENTAL HEALTH NURSING INC.
Address: 5050 Palo Verde St, Suite 103I, Montclair, CA 91763
Phone: (714) 262-4778 | Fax: (863) 228-8446

Private Pay Acknowledgment for Commercially Insured or Uninsured Patients

Patient Acknowledgment and Agreement

I, _____ (Patient Full Name), acknowledge and agree to the following:

- I understand that I am either currently uninsured or in the process of obtaining new insurance coverage.
- I understand that Compassionate Mental Health Nursing Inc. may not be an in-network provider with my current or future insurance plan.
- I have been advised that mental health services may be partially or fully covered if I choose an in-network provider.
- Despite this, I voluntarily choose to receive services from Compassionate Mental Health Nursing Inc. and pay **out of pocket**.

I understand that:

- These services will not be billed to my insurance by the provider
- I will not receive reimbursement from my insurance through this provider
- I am fully responsible for the cost of services
- This choice is voluntary and informed, and I am signing this acknowledgement prior to receiving services

Private Pay Rates

- Initial Psychiatric Evaluation: $350
- Follow-up visit: $150

Name: _____

Signature: _____

Relationship to patient: _____

Date: _____