



Private Pay Agreement

I understand that Redemption Psychiatry LLC is accepting me as a private pay patient for the period of one year from the date of this agreement. I also understand that I will be responsible for paying for any services I receive. Providers of Redemption Psychiatry will not file a claim to Medicaid for services provided to me. I agree not to file a claim to Medicaid for services I receive.

Signed: _____

Date: _____