



PROMPT PAY/CASH DISCOUNT AGREEMENT FOR MEDICAL SERVICES

It is the policy of Cedars-Sinai Medical Care Foundation to offer a prompt pay discount to cash paying patients who are either uninsured or are requesting that services are not billed to insurance. This discount cannot be offered for services and/or procedures that have been billed, or will be billed, to insurance.

AGREEMENT:

I hereby understand that as a patient of Cedars-Sinai Medical Care Foundation, I am eligible to receive a prompt pay discount of **40%** (off of total charges). This is the maximum cash discount allowed, and will only be provided to me if/when I make a payment in full, on or before the date of my service. I also understand that this discount applies only to the professional charges accrued on the date of my service and excludes any supplies, injectables, outside labs, retail services/products, cosmetic services, and pharmaceuticals. This discount agreement is only applicable to medical services rendered at Cedars-Sinai Medical Care Foundation.

Please be advised that the detail below is only an estimate of charges. If additional services are rendered, you will be sent a separate statement for any balances due.

SERVICES PERFORMED:

_____	_____
_____	Total Charge(s):
_____	_____
_____	Less Discount:
_____	_____
	Amount Due:

Patient Name:

Patient MRN:

Signature*:

Date:

Patient has declined Prompt Pay Discount offer. Patient agrees to pay services in full.

Employee Initials: _____