



ACCESS MULTI-SPECIALTY MEDICAL CLINIC, INC.

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(Effective 02/01/2026)

AMSMC FEE SCHEDULE A: PATIENT ADDENDUM

PATIENT ACKNOWLEDGMENT & AGREEMENT (Self-Pay / Non-Insurance Services)

I acknowledge that I have received, reviewed, and understand the “AMSMC FEE SCHEDULE A: PATIENT NON-INSURANCE/ PATIENTS SELF-PAY SERVICES” effective 02/01/2026.

I understand and agree that:

- The listed services are **not covered by my medical insurance**.
- **Full payment is required in advance** or at the time services are requested.
- Reports, letters, forms, and documentation are **administrative/forensic services**, not medical treatment.
- Services may be withheld until all applicable fees are paid in full.
- Payment is required regardless of third-party reimbursement, case outcome, or external determinations.
- Fees may be adjusted annually, generally within the range of 5–7%, effective January 1 of each calendar year, based on changes in operating costs, inflation, and any such adjustments are intended to be modest and consistent with customary medical practice standards.

I authorize Access Multi-Specialty Medical Clinic, Inc. (AMSMC) to provide the requested services under these terms.

Patient Name (Print): _____

DOB: _____ **Contact Telephone # (and/or email):** _____

Signature: _____ **Date:** _____