



3335 E Indian School Rd.
Suite 150-H
Phoenix, AZ 85018

PRIVATE PAY AGREEMENT

I understand that Monarch Health and Wellness 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 Monarch Health and Wellness LLC will not file a claim to Medicaid (AHCCCS) for services provided to me. I agree not to file a claim to Medicaid (AHCCCS) for services I receive as my provider is not a Medicaid (AHCCCS) enrolled provider.

Signed _____ Date _____

Printed Name _____

