

Insurance Opt Out Form

_____ I have selected to not use my insurance for my counseling sessions.

_____ I understand that opting out of using my insurance means I must pay out of pocket for the counseling sessions. I am eligible for the sliding fee scale if I choose to opt out.

_____ I have made my therapist aware that I have opted to not use my insurance for counseling sessions even if she/he is in network or out of network.

_____ I have agreed to let my therapist know if anything changes and I either obtain alternative insurance and or decide that I would like my sessions billed to my insurance.

_____ I understand that if I opt out of using my insurance I cannot use the payment of sessions towards my deductible because I have elected to opt out of using my insurance.

_____ I understand that if I choose to later use my insurance my therapist is not liable and is not obligated to reimburse previous sessions where I have chosen to opt out of billing my insurance. My opt in to use insurance will start from the day I notify my therapist of the change and cannot be backdated to previous sessions.

Consumer

Date

Therapist

Date