

## **11. INSURANCE OPT OUT**

### **OPT OUT INSURANCE FORM**

Please initial next to each statement:

I have selected not to use my insurance for my counseling services.:

I understand that opting out of using my insurance means i must pay out of pocket for my counseling sessions. I am eligible for a reduced fee is i choose to opt out.:

I have made my therapist aware that I have opted not to 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 choose to 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.:

Patient Signature::

Date::