

Insurance Opt-Out Form

\_\_\_\_\_ I have selected to not use my insurance for my psychotherapy sessions.

\_\_\_\_\_ I understand that opting out of using my insurance means I must pay out of pocket for the therapy sessions.

\_\_\_\_\_ I have made my therapist aware that I have opted to not use my insurance for therapy 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.

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Client Printed Name

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Client signature

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Date

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Joy Wagner, LMFT

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Date