



Insight Professional Counseling, LLC
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INSURANCE OPT-OUT FORM

Please discuss the following with your therapist and initial each statement in order to opt-out of insurance and become a private-pay client.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ I have elected **not** to 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 have been made aware of the fees involved, and have agreed to pay said fees at time of service.

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

_____ I understand it is my obligation to let my therapist know if anything regarding my insurance changes and I either obtain alternative insurance and/or decide that I would like my sessions billed to my existing 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 in writing and cannot be backdated to previous sessions.

Client's signature: _____ Date: ____/____/____

Parent/guardian signature: _____ Date: ____/____/____
[if applicable]