

Hope within Healing Counseling Services, PLLC

Jamie A. Shields, LPC, LCDC

800 Rockmead Dr. #113

Kingwood, TX 77339

Phone: (832) 348-3713 Fax: (844) 411-8973

jamie@jamieshieldslpc.com

Insurance Opt Out Form

_____ 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 understand that opting out of using my insurance means I must pay out of pocket for the counseling sessions.

_____ 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.

Client Signature

Date

Jamie Shields, LPC, LCDC

Date