

# **The Sunrise Center for Wellness LLC**

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## **Insurance Opt-Out Form**

**Please read thoroughly and initial each agreement listed below.**

\_\_\_\_\_ I have selected 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 am eligible for the sliding fee scale if 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: 1) obtain alternative insurance and/or 2) 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 use my insurance at a later date, 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 choice to 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 and/or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date