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Insurance Opt Out Consent Form

I _____ (full name) understand and agree that:

- I have voluntarily elected not to use my insurance for counseling sessions;
- My therapist did not encourage, initiate, coerce, persuade, imply, or otherwise cause me to opt out of my insurance, verbally or otherwise; this decision is my own for my own reasons;
- I am not opting out of using my insurance to gain a specific time slot or any auxiliary benefits provided by my therapist, implied or otherwise;
- My treatment was not threatened in any way by either signing (or not signing) this opt out form;
- Opting out of my insurance means that I must pay out-of-pocket for the counseling sessions;
- I have made my therapist aware that I am voluntarily decided to opt out of using my insurance for counseling sessions even if she is in-network or out-of-network;
- I will 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;
- If I opt out of using my insurance, I cannot use the payment of sessions towards my deductible and my therapist will not provide superbills for reimbursement purposes;
- I cannot opt out of services individually (i.e., I want to opt out of insurance for video sessions but not for in-person sessions) and that by opting out, I am opting out of entirely using my insurance for all services;
- If I elect to voluntarily use my insurance in the future, my therapist reserves the right not to allow me to opt out of using my insurance again;
- If I choose later to 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; and
- If I choose later to use my insurance, my opting back into using insurance will start from the day I notify my therapist of the change and cannot be backdated to previous sessions.

Initial _____ 1

- This agreement is in effect from the date signed until I voluntarily elect to make changes and use my insurance;

I acknowledge that I have been given the opportunity to ask questions, and that my provider has verbally explained the risks and benefits of signing the Insurance Opt Out Agreement. I have read, understood, and agree to the terms contained in the Insurance Opt Out Agreement.

Client/Guardian Signature

Date

Print Name