



# Cedar Creek Associates, LLC

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## Waiver of Insurance Benefits

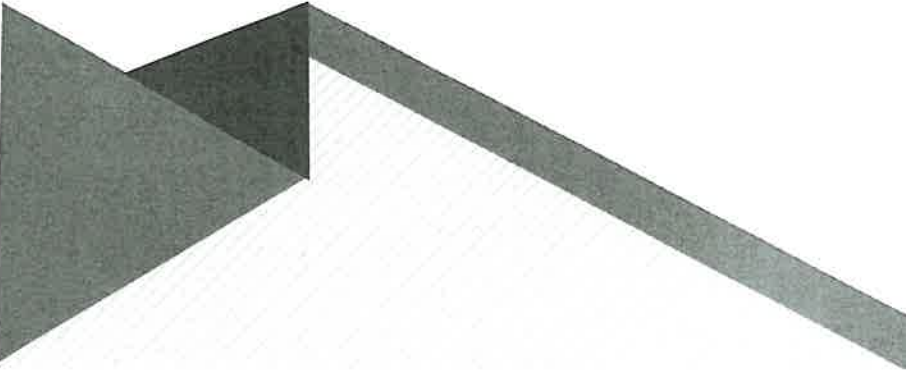
I understand that I have insurance benefits that may cover mental health services, but I willingly choose to waive the use of these benefits and willingly choose to pay for the services of \_\_\_\_\_, privately.

I understand that this decision can be changed for future services but cannot be revoked retroactively.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of patient/parent/guardian: \_\_\_\_\_



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