Heal Together Counseling, LLC
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Insurance Opt Out Form

If you are currently enrolled in a health insurance plan that cover mental health care you are allowed to utilize these benefits to help cover the cost of therapy. However, there may be times when you choose not to use these benefits. Reasons may include but are not limited to: seeing a provider who is not in your insurance network, receiving services that are not covered by your insurance plan and/or a desire to have an increased level of confidentiality whereby access to mental health records are not accessible by your insurance provider.

By signing below, I understand and agree that:

- I am voluntarily electing not to use my health insurance for therapy sessions.
- My therapist did not coerce me into making this decision in any way; this decision is being made of my own free will.
- I am not opting out of using insurance to gain any additional benefits provided by my therapist such as preferential scheduling, etc.
- I will be responsible for paying for all provided services per the financial agreement signed with Heal Together Counseling.
- I am responsible for notifying my therapist if I decide I want to utilize my health insurance benefits. This may result in the need for a referral to another provider if Heal Together Counseling is not in-network with my insurance company.
- If my plan allows out-of-network coverage, I can choose to submit claims for reimbursement. I understand that I will be responsible for the full payment of services and that Heal Together Counseling cannot guarantee payment. Additionally, documentation may be requested by the insurance company to determine medical necessity.
- If I later chose to utilize insurance, I understand that this will be effective from the date of notification and will not be back dated to cover previous self-pay sessions.

Insurance Opt Out Form Signature Page

This agreement goes into effect on _____.

It will remain in effect until I notify my therapist, in writing, that I would like to make changes to this form.

I agree and acknowledge that I have read and understand the Insurance Opt Out Form. I have had the opportunity to ask any questions and I am signing this agreement voluntarily.

_____ _____

Client Name Date of Birth

_____ _____

Parent/Guardian Name Date

_____ _____

Client/Parent/Guardian Signature Therapist Signature