



Opt Out Insurance Form

_____ I have selected to not use my insurance for my counseling sessions (opting out).

_____ 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 meet the financial hardship qualifications of Optimal Behavioral Health PLLC. See Financial Agreement for further details.

_____ 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 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

Legal Guardian Signature

Date

Counselor Signature

Date