



Insurance Opt-Out Self-Pay Agreement

SELF-PAY AGREEMENT

I will be paying fee-for-service at the established fee level for my counselor, and agree that I will **not** file claims for these services with my insurance carrier. **I understand that PPInc. will not be filing insurance claims at my request for these services.**

I understand and agree that should I wish to begin filing claims, I will authorize PPInc. to do so by paying usual and customary fees and revoking this agreement below.

PPInc. Standard Fees range from \$100.00 to \$150.00 per session, depending on the service.

I agree to pay for these services on the date of service.

Credit Card Information

What is your credit card number?

What is the expiration date of this credit card?

What is the 3-Digit Security Code on this credit card?

Please type the exact full name as it appears on your credit card:

Client Signature

Date

Responsible Party if other than client

Relationship to client

NEGOTIATED FEE SELF-PAY AGREEMENT

Due to my financial circumstances, I request a lower fee in order to receive the treatment I require. I understand and agree that in order to take advantage of this negotiated fee, **neither PPInc. nor I will be filing any of the claims for these negotiated-fee services with my insurance company.**

I understand and agree that even if my finances change, or my deductible is unexpectedly met, none of these negotiated-fee sessions will be able to be billed retroactively.

I understand and agree that if I decide to pay at the usual and customary rate, PPInc. can begin filing claims from the date that I authorize this change.

I agree to pay for these services at the time of service.

Credit Card Information

What is your credit card number?

What is the expiration date of this credit card?

What is the 3-Digit Security Code on this credit card?

Please type the exact full name as it appears on your credit card:

Client Signature

Date

Responsible Party if other than client

Relationship to client

Revocation

I revoke the above Agreement and agree to the following payment and/or insurance filing as of the date of this signing:

- As of the date of this revocation, PPInc. can begin filing claims with my insurance company from the date below of my signature below.
- As of the date of this revocation, I agree to pay for PPInc. services at the usual and customary rate.

Client Signature

Date

Responsible Party if other than client

Relationship to client