Self/Private Payment Agreement

The following agreement outlines the terms of payment between clients who choose not to use insurance coverage and Insightful Minds Counseling, LLC.

Please Initial each item to indicate that you have read, understand, and agree with the following items:

_____ I am choosing not to use any Health Insurance Coverage to pay for psychotherapy services with Insightful Minds Counseling, LLC. I understand that Insightful Minds Counseling, LLC will not bill any third party or insurance companies for any services or fee's incurred while I am in treatment.

_____ I understand that if I decide to use my insurance coverage, I will alert Insightful Minds Counseling, LLC in writing, and that any treatment provided before that date will not be billed to my insurance.

_____ I understand that Insightful Minds Counseling, LLC may not be a provider with my insurance company.

_____ I understand I am solely responsible for any fee's incurred while in treatment with Insightful Minds Counseling, LLC and will provide a credit card to be placed on file with my therapist.

_____ I am aware the fee per session is $150 for psychotherapy treatment with Insightful Minds Counseling, LLC.

Out-of-Network Benefits

_____ I understand that I am solely responsible for obtaining information about my 'Out-of-network' benefits from my health insurance. I understand that I can request a *superscript* from my therapist, at time of session, and bill my health insurance 'Out-of-network'.

_____ I understand that I am solely responsible for payment of services *at time of service* to Insightful Minds Counseling, LLC. I understand that I am responsible for billing my health insurance for 'out-of-network' reimbursement, unless otherwise discussed and agreed upon with Insightful Minds Counseling, LLC.

_____ I understand that Insightful Minds Counseling, LLC cannot guarantee that my health insurance company will reimburse me for all fee's incurred while in treatment with Insightful Minds Counseling, LLC.

Sliding-Fee Scale Only

_____ I have discussed my qualifications for a sliding-fee scale with my provider and have agreed to pay the sliding-fee of $_____ per session. I agree to notify Insightful Minds Counseling, LLC, in-writing, of a change of income which would require an adjustment to my sliding-fee rate. I understand that this means I will alert Insightful Minds Counseling, LLC that I need a lower rate or that I am able to pay a higher rate per session.

I (we) agree to and understand the above agreement.

Client Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

Provider Signature: _____ Date: _____

* Required only if client is less than 18 years of age at time of first visit.