

Opting Out of Insurance

Please initial each section and sign below if you are opting out of using your insurance plan.

- I have selected to not use my insurance for my counseling sessions.

- I understand that opting out of using my insurance means that I must pay out of pocket for all counseling sessions at the time of service.

- I have agreed to notify Great Lakes Counseling and Wellness Center if there are any changes such as (1) I obtain alternative insurance and/or (2) I decide that I would like my insurance to be billed. _____
- I understand that if I opt out of using my insurance plan, I cannot use the payment of sessions towards any deductibles because I have decided to not bill my insurance. _____
- I understand that if I choose to later use my insurance, Great Lakes Counseling and Wellness Center is not obligated to reimburse previous sessions while I chose to opt out of billing my insurance plan. _____
- My opt out of insurance will start on the date signed on this form. _____

I understand and consent to all of the above.

Signature

Date