

Warm Whiskers Counseling LLC

(717) 734-5414

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WarmWhiskersCounseling.com



Health Insurance Opt Out Agreement

I understand and agree that:

- I am voluntarily electing not to use my health insurance for services provided by Jessica Michaels, LPC and Warm Whiskers Counseling LLC (“the provider”).
- I have not been persuaded, coerced, or incentivized by anyone, including the provider, to make this election; the reasons I have elected not to use my health insurance are my own.
- I will be required to pay out of pocket for any services rendered at an agreed upon rate.
- By opting out, my payments will not count towards my deductible or out of pocket maximum.
- By opting out, I will not receive a Superbill and cannot seek reimbursement.
- Seeking insurance reimbursement while under an Opt Out Agreement may be considered insurance fraud.
- My therapist is not liable and will not provide reimbursement for any services held while this agreement is in force.
- This consent is revokable by notifying the provider in writing.

Signature_____ Date:_____