



Integrated Psychiatry PLLC

Insurance Opt Out Agreement

I understand and agree that:

- I have voluntarily elected not to use my insurance for appointments;
- My provider did not encourage, initiate, coerce, persuade, imply, or otherwise cause me to opt out of my insurance, verbally or otherwise; this decision is my own for my own reasons;
- I am not opting out of using my insurance to gain a specific time slot or any auxiliary benefits provided by my provider, implied or otherwise;
- My treatment was not threatened in any way by either signing (or not signing) this opt out form;
- Opting out of my insurance means that I must pay out-of-pocket for sessions;
- I have made my provider aware that I am voluntarily decided to opt out of using my insurance for appointments even if he/she is in-network or out-of-network;
- If I opt of out using my insurance, I cannot use the payment of sessions towards my deductible;
- I am opting out of entirely using my insurance for all services with Integrated Psychiatry, PLLC
- If I elect to voluntarily use my insurance in the future, my provider reserves the right not to allow me to opt out of using my insurance again;
- If I choose later to use my insurance, my provider is not liable and is not obligated to reimburse previous sessions where I have chosen to opt out of billing my insurance; and
- If I choose later to use my insurance, my opting back into using insurance will start from the day I notify my provider of the change and cannot be backdated to previous sessions.
- This agreement is in effect from _____;

I acknowledge that I have been given the opportunity to ask questions, and that Integrated Psychiatry, PLLC has verbally explained the risks and benefits of signing the Insurance Opt Out Agreement. I have read, understood, and agree to the terms contained in the Insurance Opt Out Agreement.

Client Signature (Client's Parent/Guardian if under 18)

Date