

Ann Arbor Counseling Associates, LLC

Insurance Waiver Form/Private Pay Clients

I do not have insurance, or I am choosing not to use my insurance. I will be paying out of pocket for my counseling services. I agree that I will not submit any claims to my insurance now or in the future for the sessions attend in the current course of treatment. I also understand that Ann Arbor Counseling Associates will not go back and submit these claims to insurance if I change my mind or discover that insurance may have covered these costs. I understand the fee I have agreed to pay with my therapist is due at the time of service and can be paid by cash, check, or credit card. I also understand that treatment may be interrupted if a balance accrues due to non-payment at the time of service.

Client Signature

Date

Client Name Printed