

# CONNECT PSYCHOLOGICAL SERVICES, LLC

1580 South Milwaukee, Ave. Suite 407 Libertyville, IL 60048 847) 502-5218

## Opt Out of Insurance Form

\_\_\_\_\_ I have selected not to use my insurance for my session(s).

\_\_\_\_\_ I understand that opting out of using my insurance means I must pay out of pocket for the therapy sessions.

\_\_\_\_\_ I understand that if I opt out of using my insurance, I cannot use the payment of sessions towards my deductible because I have elected to opt out of using my insurance.

\_\_\_\_\_ I have agreed to let my therapist know if anything changes, and I either obtain alternative insurance and or decide that I would like my sessions billed to my insurance.

\_\_\_\_\_ I understand that if I choose to use my insurance at some time in the future, my therapist is not obligated to reimburse previous sessions where I have chosen to opt out of billing my insurance. The date I sign a new agreement to opt in to use my insurance will be the start day. I agree to notify my therapist of the change and agree that reimbursement cannot be backdated to previous sessions.

\_\_\_\_\_  
Client (print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Karen O’Keeffe, Psy.D.  
Licensed Clinical Psychologist

\_\_\_\_\_  
Date