

**Amy M. Childers Counseling LLC
Self-Pay Agreement**

Part A:

*I agree that I wish to be a self-pay client.

*I agree that if I have medical health insurance, I do not want to use my current medical health insurance.

*I understand by signing this agreement, Amy M. Childers Counseling LLC is not filing my counseling sessions under my health insurance.

*I understand I will not file my sessions under my health insurance.

*I agree to the current self-pay rate \$130.00 for the clinical 50-minute session.

Part B:

*I agree that if I choose to use medical insurance for any reason, I will notify Amy M. Childers Counseling LLC via phone, email or text, **prior** to the activation of my medical insurance and provide Amy M. Childers Counseling LLC with my medical insurance information.

*I agree Amy M. Childers Counseling LLC is not responsible for retroactive filing of claims for dates of service prior to notification.

Client Signature

Date