



Valor Counseling Center

352B Raleigh St.
Holly Springs, NC 27540

Insurance Opt Out Agreement

I understand and agree that:

- I have voluntarily decided not to use any of my insurance networks for any services at Valor Counseling Center, PLLC.
- My therapist did not persuade, encourage, initiate, or imply this decision to opt out of using my insurance- it was my own personal decision.
- My treatment was not harmed or lessened in any way by signing this form.
- Opting out of insurance means I must pay for the full session amount each visit according to the practice's fees, any late cancellation fees, and any no show fees and balances on my account.
- If anything changes regarding my decision to use insurance, I will let my therapist know immediately prior to any additional sessions.
- By opting out- I agree to not requesting any superbills for sessions to receive reimbursement at any point during the opt out period.
- If I choose later to use my insurance, it will be up to my therapist to return to opting out if I decide I want that again for any reason.
- If I choose to opt out of using my insurance my therapist is not liable for back-paying previous sessions at any point.
- If I leave the practice due to finish counseling sessions for a season, my opt-out form remains valid if I return at any point.
- If I switch therapists at Valor Counseling Session, the opt out form must be resigned prior to my new session with a new therapist.
- If I have any conversations with my insurance company, it is my responsibility to communicate my decision to opt out of using insurance and explain why if there are questions.

I acknowledge that I have been given the opportunity to ask questions regarding opting out of using my insurance. Valor Counseling Center has made these boundaries clear and legally binding. By signing this agreement, I fully understand its contents and agree to all terms.

Client Signature

Date