

Private Payment Agreement

Some clients decide not to use their insurance benefits for psychotherapy services. The following agreement outlines the terms of payment between clients who choose not to use insurance coverage and NewPaths, LLC/Sheri Rezak-Irons, LCSW.

***Please Initial each item to indicate that you have read, understand, and agree with the following items:**

_____ I am choosing not to use any Health Insurance Coverage to pay for psychotherapy services with NewPaths, LLC/Sheri Rezak-Irons, LCSW.

_____ I understand that NewPaths, LLC/Sheri Rezak-Irons, LCSW will not bill any third party or insurance companies for any services or fee's incurred while I am in treatment.

_____ I understand that if I decide to use my insurance coverage I will alert NewPaths, LLC /Sheri Rezak-Irons , LCSW in writing, and that any treatment provided before that date will not be billed to my insurance.

_____ I understand that NewPaths, LLC/Sheri Rezak-Irons, LCSW may not be a provider with my insurance company.

_____ I understand I am solely responsible for any fee's incurred while in treatment with NewPaths, LLC/Sheri Rezak-Irons, LCSW.

_____ I am aware of the fee per session for psychotherapy treatment with NewPaths, LLC/Sheri Rezak-Irons, LCSW

Print Name

Date of Birth

Signature

Date

Sheri Rezak-Irons, LCSW

Date