



## SELF PAY AGREEMENT

I, the undersigned client, acknowledge that I understand and agree that:

1. Inner Harmony Counseling, LLC may be a participating in-network provider for my specific insurance plan. I agree that if Inner Harmony Counseling, LLC is in-network with my specific insurance plan that I will not submit a receipt, proof of payment, a superbill or invoices for services or any proof of payments for services received from Inner Harmony Counseling, LLC to my insurance company for reimbursement at any time during or after discontinuing services.
2. The health plan under which I am covered may include benefits for the services provided by my therapist.
3. Despite the above, I do not want Inner Harmony Counseling, LLC to submit a claim to my insurer for services provided to me.
4. I elect to self-pay for all services I receive from Inner Harmony Counseling, LLC
5. By election to self-pay for services, any payments I make will not be credited toward satisfying any deductible I may have under my health insurance plan.
6. By electing to self-pay, I agree I will only submit a receipt, proof of payment, a superbill or invoices for services or any proof of payments for services received from Inner Harmony Counseling, LLC to my insurance company for reimbursement if Inner Harmony Counseling, LLC is not an in-network provider with my specific insurance plan.
7. In some cases during the course of my treatment (specifically during EMDR therapy or Ego State Therapy), I may feel a phone call is needed outside of my scheduled appointment time to process information that has surfaced stemming from my work in therapy. Should I require a phone call for this reason, I understand that a call lasting 20 minutes or less is \$50. Phone calls lasting more than 20 minutes will be billed at the rate of \$2.50 per minute in addition to the previously mentioned \$50.

I understand that these phone calls may not be reimbursable via my insurance benefits, therefore this is an out of pocket expense which Inner Harmony Counseling, LLC will invoice and/or process payment for the day following my phone call via the credit card I have on file with Inner Harmony Counseling, LLC.

8. I have read this election to Self-Pay for Services form and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.

9. I have freely chosen to self-pay for services after having asked Inner Harmony Counseling, LLC about payment options and having carefully considered those options.