



Gharabeki Psychological Services, Inc

600 N Rosemead Blvd Suite #204

Pasadena, CA 91107

(818) 233 - 0583

contact@drgharabeki.com

www.drgharabeki.com

INSURANCE OPT-OUT FORM

Client Name (first/last): _____

DOB (mm/dd/yyyy): ____ / ____ / ____

Current Health Care Plan: _____

I have elected to not use my insurance for my therapy sessions. I voluntarily made this decision without any influence, coercion, or threats.

I understand that choosing to opt-out of using my insurance means I must pay out of pocket for the therapy sessions on the date of service.

I have made my therapist aware that I have chosen to not use my insurance for therapy sessions, effective on the date specified below, regardless of whether she is in- or out-of-network with my plan. I acknowledge that opting out of insurance means I cannot apply session payments toward my deductible and my therapist won't provide superbills for reimbursement. I understand that my therapist is not liable for any previous sessions if I later choose to use insurance, and this change cannot be backdated.

I will inform my therapist in writing if: (1) I obtain alternative health insurance coverage that I would like to be billed for my sessions; and/or (2) I decide that would like my sessions billed to my current insurance plan.

Signature of Client/Legal Representative

Date