



PATHWAYS TO WELLNESS, LLC  
Step into your healing journey

## Waiver of Insurance Billing for Private Pay Clients

You have chosen to be a private pay client. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment, you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now, or in the future, for you or us to submit for insurance billing.

Agreed Upon Private Pay Rate for one hour of Psychotherapy

\$ \_\_\_\_\_ Initial here \_\_\_\_\_

I agree to:

- 1) pay at the time of service, and
- 2) waive insurance billing by Pathways to Wellness, LLC
- 3) notify Pathways to Wellness, LLC of a desire to change this agreement prior to private payment for a session

Further, I attest that I do not have Medicaid for insurance purposes, as Federal law disallows Medicaid clients from paying out of pocket for these services.

Client name (please print) \_\_\_\_\_

Client or Parent/Guardian signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_