

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 Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC.

***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 Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC.

____ I understand that Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC 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 Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC in writing, and that any treatment provided before that date will not be billed to my insurance.

____ I understand that Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC may not be a provider with my insurance company.

____ I understand I am solely responsible for any fees incurred while in treatment with Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC.

____ I am aware of the fee per session for psychotherapy treatment with Stepping Stone Counseling, LLC/Sarah Strohmayer, MA, LPC.

Print Name

Date of Birth

Client/Parent Guardian Signature

Date