

Laurie Furman, MS, MSW, LCSW
Furman Family Counseling, LLC

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Private Pay 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 Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW.

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

_____ I am choosing not to use any Health Insurance or EAP coverage to pay for Psychotherapy services with Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW.

_____ I understand that Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW will not bill any third party insurance companies for any services or fees Incurred while I am in treatment.

_____ I understand that if I decide to use my insurance coverage I will alert Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW in writing. Any treatment provided before that date will not be billed to my insurance.

_____ I understand that Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW may not be a provider for my insurance company.

_____ I understand that I am solely responsible for any fees incurred while in treatment with Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW.

_____ I am aware of the fee per session for psychotherapy treatment with Furman Family Counseling, LLC/ Laurie Furman, MS, MSW, LCSW.

Signature

Date

Print

Laurie Furman, MS, MSW, LCSW

Date

Copy given to client _____