

Doric George MA

11600 Washington Place, Suite 208
Culver City, CA 90066
310.717.1771

Self-Pay Agreement

I, _____ (The Client), have instructed the therapist, Doric George MA not to bill any third party payers (i.e. insurance companies, reimbursement plans, medical credit or savings accounts, or any others) for one or more of the following reasons:

- (1) I have no medical coverage at this time.
- (2) I have insurance coverage but choose not to use it, and understand that in doing so I am waiving any right to reimbursement.
- (3) I have insurance coverage, but understand that the services of Doric George MA are not covered by the plan.
- (4) Other:

I also state that I have no secondary insurance or reimbursement plan and will not seek reimbursement from any third party medical reimbursement organization.

If this situation changes and I, the client, would like to seek coverage or reimbursement from a third party payer, negotiated fees may need to be reset retroactively in light of new financial resources and third party requirements.

I also understand the following:

Currently arranged session cost is based on attending weekly appointments and is subject to periodic review;

Fee adjustments maybe made with written and verbal notification at least 2 weeks prior going into effect;

If 2 consecutive weekly sessions are missed, fees are subject to re evaluation and may be reset to a more current rate.

Client's Name (Printed)

Signature

Date

Certified EMDR Therapist & Approved Consultant
Licensed Professional Clinical Counselor #LPC208
Licensed Marriage and Family Therapist #MFC 38343
Member: California Assoc. of Marriage & Family Therapists
EMDR International Association