



## CONTRACT FOR SERVICES WITHOUT USING INSURANCE

I, \_\_\_\_\_, I understand that MindfulGen (AKA Mindful Generation) will only accept self-pay and does not accept insurance as a form of payment.

I understand that I am responsible for any charges not covered by my insurance carrier, should I submit a superbill for reimbursement for therapeutic services.

The agreed upon charge is **\$160** per session. I understand that I am responsible for any charges not covered by my insurance carrier, should I submit a superbill for reimbursement for therapeutic services to my insurance provider.

I understand that this authorization is voluntary and that I may revoke it at any time by providing written notice to MindfulGen.

I understand that my protected health information will be protected by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_