Dauntless
Counseling and Consulting

WAIVER OF INSURANCE DECLARATION

- I understand that I am enrolling for services at a practice that is considered "out-of-network".
- I understand that services are completely voluntary, and I may discontinue them at any time.
- I understand that as a result of seeking services at an out-of-network practice that I will be fully responsible for all of the costs of my services.
- I understand it is my responsibility to determine whether or not I can sustainably afford services at an out-of-network practice.
- I understand that there are providers in my area who may take my insurance and may offer services at a lower fee.
- I understand that if I miss an appointment, as defined in the missed appointment policy, I will be charged the full amount of the session I missed.
- I understand that I am fully responsible for seeking reimbursement from my insurance provider if they provide it.
- I understand that Dauntless Counseling and Consulting LLC will not obtain pre-authorization on my behalf for out-of-network coverage.
- I understand that should I wish to use my insurance in the future, that I will need to let my Provider know before my next appointment with them. In this way, they can assist me in getting referred to a provider that accepts my insurance if they are unable to.

*As a courtesy, if you wish to seek reimbursement from your insurance provider we will provide you with a document on a monthly basis called a Superbill. A Superbill is a specialized invoice that contains your diagnosis code, dates of service for the month, the amount you paid for those services, and necessary information about this Practice. This document is needed by your insurance provider to determine eligibility for reimbursement for seeing an out-of-network provider. **We strongly encourage you to reach out to your insurance provider and explore what reimbursement options may be available to you as you see an out-of-network provider.**

My signature below affirms that I have understood the content of this document and that I understand that I am enrolling for services at an out-of-network practice. By signing below, I am waiving my rights to use my insurance to pay for services, and am agreeing to be responsible for all costs associated with my services. I authorize my electronic signature to represent the legal equivalent of my manual signature.