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Self-Pay Agreement

(Please circle the correct answer)

I attest to the fact that I:

- a) Do not have insurance coverage
- b) Have insurance coverage but choose not to use it, and I understand that in doing so I am waiving any right to reimbursement
- c) I have insurance coverage, but understand that your services are not covered by the plan

I agree to pay this fee for each 50-minute session
\$ 165.00 if using credit card or PayPal and
\$ 160.00 for check or cash (discount)

Client

Date

Psychotherapist – Marianne Gabriel Mejia

Date