



Self-Pay Option for Therapy

Amaryllis Therapy Network recognizes that clients may prefer to pay out-of-pocket and do not want claims to be submitted to their health insurance company. Amaryllis Therapy Network offers discounted rates for therapy sessions paid at the time of service.

PAYMENT IS DUE IN FULL AND EXPECTED AT THE TIME OF SERVICE

We accept cash, personal checks, debit cards, Visa and Master Card, HSA and FSA cards

I will be paying for therapy services out-of-pocket because (***please initial one***):

_____ I have chosen to opt out of using my existing health insurance coverage for therapy services. I understand that by choosing this option, I forgo the ability to submit a claim directly to my existing insurance provider for services and understand that Amaryllis Therapy Network will not submit a claim to my insurance provider for services rendered.

_____ I currently do not have health insurance coverage. I understand that Amaryllis Therapy Network will not retroactively submit a claim to any insurance providers for services rendered.

_____ My health insurance company does not currently cover virtual Telehealth services and I am choosing to opt out of using my existing health insurance coverage for **Telehealth visits only**. I understand that by choosing this option, I forgo the ability to submit a claim directly to my existing insurance provider for services and understand that Amaryllis Therapy Network will not retroactively submit a claim to my insurance provider for services rendered.

Authorization

By signing below, I understand that I am completely responsible for any and all costs associated with therapy services provided by Amaryllis Therapy Network, that Amaryllis Therapy Network will not bill my health insurance company for therapy services, and that I will pay out-of-pocket at or before the time of services from today forward.

Child's Name: _____
(Please Print)

Parent/Guardian's Name: _____
(Please Print)

Parent/Guardian's Signature

Date