



COUNSELING FOR ADHD, ANXIETY & EVERYDAY LIFE

## Private Pay Agreement For Non-Covered Services

Client Name: \_\_\_\_\_

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

This agreement confirms that the services provided by Cristina Culiolo Leoni, LPC, LMFT are being delivered outside of any insurance reimbursement for the following reasons:

### 1. Non-Medically Necessary Service

The service being provided (e.g., family or relational therapy) is not intended to treat a specific mental health diagnosis and is therefore not considered medically necessary by insurance standards.

### 2. Non-Covered Service

The service is not covered by the client's health insurance policy. Examples include couples counseling, family sessions without a primary diagnosis, or therapy focused on relationship dynamics.

### 3. No Insurance Billing

The provider will not bill the client's insurance for these services, nor will a superbill or any insurance-related documentation be provided.

### 4. Private Payment

The client agrees to pay out of pocket at the standard session fee of \$\_\_\_\_\_ per session. This fee is due at the time of service unless otherwise arranged.

### 5. Client Understanding

By signing below, the client acknowledges understanding that:

- The service is not covered by insurance;
- They are voluntarily choosing to proceed with private pay;
- They will not receive a superbill;
- They are fully responsible for payment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (or Legal Guardian, if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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