

## PRIVATE PAY AGREEMENT

*For those without BCBS PPO or BCBS TRAD*

I, \_\_\_\_\_(name), acknowledge that although I do have an insurance plan with \_\_\_\_\_ (name of insurance company) for \_\_\_\_\_ (patient name), I am choosing to work with a provider who does not accept insurance and is not considered to be “in network” with my insurance company. I will be providing private payment at the rates established by Carri Riemer, LMSW, as per my decision to do so. I am aware that these rates may be different than the rates established by my insurance company, and Carri Riemer, LMSW is not responsible to provide any reimbursements to account for these differences.

\_\_\_\_\_  
Signature of Patient or Guardian

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