

**Health Insurance Waiver
for BCBS & Other Health Insurance Companies with Out-of-
Network Benefits**

Date _____

By signing below, I agree to waive the separate fee structure set out by my individual BCBS / Other Insurance Policy for mental health services offered by Caroline R. Baltzer, Ph.D. (Massachusetts license # 7404), and agree to pay Dr. Baltzer directly. I understand that her fee structure is based on the charge for a 50 minute psychotherapy session of \$300, (or for example, a 75 minute session of \$450). I understand that it is Dr. Baltzer's policy that I submit my own claims to my BCBS / Insurance company using the insurance-ready bill I receive from her bookkeeper, Gabrielle Ehrlich, and that I will request on my claim form that if my insurance company policy covers any of Dr. Baltzer's psychological services, that the reimbursement checks be made out to me or the subscriber, and sent to my own address.

I also agree to pay Dr. Baltzer for any treatment that is deemed by my insurance company to be a "Non-Covered Service" such as phone appointments when necessary, late cancellations (under 48 hours full fee is charged), and treatment team consultations, as well as other types of clinical administration services pertinent to my treatment plan that my insurance policy may not cover.

This waiver and agreement will continue in effect until I have completed my psychological assessment / treatment / consultation with Dr. Baltzer.

Signed,

Member / Patient

Address

Date

Patient/Member copy
 Clinician/Provider copy