

REQUEST TO RECEIVE SERVICES WITHOUT USING INSURANCE OR MEDICAID

I _____ born _____

am hereby requesting services, which may include:

- life coaching
- counseling
- psychotherapy
- public speaking
- advocacy
- psychosocial support
- record review
- any other type of consultation

from MARK R. YOUNG Inc. / Mark R. Young, LMSW, LCSW at **my own expense**.

I am wanting to personally pay for all services at this time until otherwise contracted with this service provider.

Please do NOT bill my medicaid / medicare or insurance for any of my services at this time.

I understand the following:

- If I were to seek services with a different provider who accepts my insurance (medicaid, medicare or Employee Assistance Program benefits) I might have all or most expenses paid with little or no personal expense.
- I am being given a discounted rate for pre-payment, and my payment is not refundable unless I cancel 48 hours or more in advance.

Signature of Recipient of Services

Date

Signature of Provider of Services

Date