

KAREN ROSE, MFT

LICENSE #MFC 19122

LICENSE #LPCC 1260

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Waiver of Insurance Billing

You have registered as a cash/ private pay patient. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now or in the future for you or us to submit for insurance billing.

Fee Schedule:

New Patient first appointment 60 minutes: \$195

Follow-up appointments: 60 minutes: \$195

I agree to:

- 1) pay at the time of service, and
- 2) waive insurance billing by Karen Rose, MFT, LPCC

Patient signature _____

Date _____