



Helping  
women heal  
themselves

3 MARINA ROAD  
YARMOUTH, ME 04096  
PH: (207) 846-6163  
FX: (207) 846-6167

## Telephone Consultation Waiver - Request to Opt Out of Using Contracted Insurance

Patient Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

NOTE: If you opt out of using your insurance for a specific service or for all services on a specific date, insurance will not and cannot be billed for these services at any later date.

**Date of Telephone Consultation for which you will not use any insurance benefits:** \_\_\_\_\_

**Amount due for service:** \_\_\_\_\_

### WHAT OPTING OUT OF USING YOUR INSURANCE MEANS:

Your insurance will not be billed for the service indicated above, nor may you bill your insurance yourself.

The medical records related to the service indicated above will not be released to any third party unless you sign a release authorization or if required by law.

You are required to pay in full for the service.

Please ask any questions you have about this process before signing below.

**Signing below means you have read this notice and will not use your insurance benefits for payment for this service.** You agree to be financially responsible for the full cost of the service.

Signature: \_\_\_\_\_

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

Please return this form to Women to Women

Mail: Women to Women, 3 Marina Road, Yarmouth, ME 04096

Email: [healthcarecenter@womentowomen.com](mailto:healthcarecenter@womentowomen.com)

Fax: (207) 846-6167

----- For office use only: Date Received: \_\_\_\_\_