Josie Levine Ph.D mft 28557
2220 Mountain Blvd., Ste. 240
Oakland, CA. 94611
510 524 1720
www.drjosielevine.com

Self-Pay Agreement

I, _____ (Print Name) attest that;

1. I do not have medical insurance. _____(initial)

2. Have medical insurance but choose not to use it, and in doing so understand that I have waived any right to rimbursement. _____ (initial)

3. Have medical insurance but understand the services provided by Dr Josie Levine are not covered by the plan. _____(initial)

_____(sign)_____(date)