

Dr. Beth Giurelli Psy.D. LLC
131 Oak Street, Glastonbury, CT 06033
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(860) 918-0960

Self Pay Certification

Your Name _____ Your Date of Birth _____

I certify that I either do not have medical insurance or am choosing not to use my medical insurance. It is my choice to self pay for psychological services. I will not seek reimbursement for services from any insurance.

If this situation changes and I either acquire insurance or decide to use insurance I agree to inform Dr. Giurelli immediately. There will be no retroactive billing or reimbursement.

Signature of Patient

Date