



Jessica Sauer, LCSW
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TRICARE SELF-PAY CONTRACT AGREEMENT

I, _____ (Name of Tricare beneficiary) accept full responsibility for payment of charges for all services furnished by Jessica Sauer, LCSW. I understand that Tricare limits do not apply to what Jessica Sauer, LCSW may charge for items or services furnished. I agree not to submit a claim to Tricare or to ask Jessica Sauer, LCSW to submit a claim to Tricare. I understand that Tricare payment will not be made for any items or services furnished by Jessica Sauer, LCSW that otherwise would have been covered by Tricare if there was no private contract and a proper Tricare claim had been submitted. I enter into this contract with the knowledge that I have the right to obtain Tricare-covered items and services from a practitioner who has not opted-out of Tricare, and I am not compelled to enter into private contracts that apply to other Tricare-covered services furnished by other practitioners who have not opted-out. This contract cannot be entered into by me when I require emergency care or urgent care services.

I will receive or have received a copy of this contract, before items or services are furnished to me under the terms of this contract.

Provider's NPI: 1427363845

Provider's Specialty: Licensed Clinical Social Worker

Client's Signature: _____

Date: _____

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

Effective 12/10/2024