

Somatic Psychotherapy

OUT-OF-NETWORK INSURANCE USE AND BILLING SERVICE AGREEMENT

Because I am a licensed clinical social worker, my services are covered by most insurances, whether as an in-network or out-of-network provider. There are some exceptions, however, such as some EAPs and HMOs as well as several newer plans stating that only the services of in-network providers will be reimbursed. Most insurance policies, however, cover the services of both in-network (otherwise know as contracted) and out-of-network providers. Consumers typically receive higher benefits (in the form of lower copays and sometimes smaller or no deductibles) when they use in-network providers. This contract explains my policies for working with individuals whose insurance companies I am not contracted with.

Clients using insurances for which I am an out-of-network provider are expected to pay in full at each session. They will receive a monthly report called a superbill containing the information required to request reimbursement for services. Exceptions to this policy can sometimes be made if up-front payments would create a prohibitive cash-flow problem for the client.

Please be aware that your insurance contract is between your insurance company and you. It is your responsibility to know the terms and exclusions in your insurance policy and to pay our agreed-upon fees, even in the event that your insurance does not cover the services.

Please read carefully and sign below.

- My agreed upon fee is \$ _____/hour, payable at time of session.
- I understand I will receive a monthly superbill from Fern Snogren containing the necessary information to submit to my insurance company for reimbursement.
- I understand my insurance contract is between my insurance company and me and that I am responsible for knowing the terms, conditions, and exclusions in my insurance policy. I understand that if my insurance policy or a third-party coverage does not reimburse me for the services rendered by Fern Snogren, she cannot be held responsible for unreimbursed claims.
- I understand most insurances will not reimburse for missed sessions; missed sessions will not be included on superbills; and I am responsible for paying for missed sessions for which a 24-hour prior notice is not given.

Client or Parent/Guardian Name (Print)	Client or Parent/Guardian (Signature)	Date
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