

Somatic Psychotherapy

IN-NETWORK INSURANCE USE AND BILLING SERVICE AGREEMENT

I provide complimentary benefits verification and billing for clients who have insurances with which I am contracted (in-network). This agreement discusses the relationship between you, your insurance company, and me.

Your insurance contract is between you and your insurance company. You are responsible for knowing the terms and exclusions in your insurance policy. While my biller will verify your benefits before we begin working together, it is not uncommon that the information she receives is inaccurate. I recommend you verify your mental health benefits and compare your results with those my biller obtains so you can work with your insurance company in advance to resolve any differences before we begin working. In the end, you are responsible for paying our agreed-upon fees even in the event that your insurance does not cover the services.

You are expected to pay your deductible (if it applies), copay, and/or co-insurance payment at the time of service. You will be invoiced for any fees not covered by your insurance and not already paid by you once claims have been processed unless other arrangements have been made between us or my contract with your insurance company prohibits said fees. If no insurance payment has been received within 60 days of billing, you will be responsible for paying the unpaid balance on your account. If we subsequently receive payment from the insurance company, you will be promptly reimbursed. Questions about your insurance billing or your invoices can be directed to Ariel Buckingham of Buckingham Billing Solutions at ariel@ariel-practicesupport.com or 541-631-5044.

Please read carefully and sign below.

- I have contacted Ariel for my insurance verification, and I understand it is recommended that I verify the information she has received.
- I understand I am fully responsible for all psychotherapy fees assessed to my account. These fees will consist of the insurance's allowable amount for services rendered.
- I understand most insurances will not reimburse for missed sessions and I am responsible for paying my insurance's allowable amount for missed sessions for which a 24-hour prior notice is not given.
- 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 as well as for ensuring my insurance carrier's cooperation with the billing service. I understand that if my insurance policy or a third-party coverage does not pay for the services rendered I am responsible for paying the full amount owed unless otherwise prohibited by insurance company regulations communicated to Fern Snogren as part of an authorization process or unless other arrangements have been made by me with Fern or her biller.
- I understand my copays and/or co-insurances and deductibles are due at the time of service.
- I understand I will be invoiced for all additional fees after service dates have been processed by the insurance company and the billing service.
- I understand Fern Snogren and Buckingham Billing Solutions have a legal right to use a collection or billing service to collect payment if I fail to pay in full for services received and to refuse services until such payment is made.
- I understand Fern Snogren has the right to impose an additional 43-percent fee if my account is referred for regular collection and 68 percent for legal collection.

Client or Parent/Guardian Name (Print)

Client or Parent/Guardian (Signature)

Date