

Somatic Psychotherapy

INSURANCE USE AND BILLING SERVICE AGREEMENT

As a Licensed Clinical Social Worker, my services are covered by most insurances, whether I am in or out of network with them. There are some rare exceptions, however, such as with EAP's and some HMO's. Please be aware that your insurance contract is between you and your insurance company. You are responsible for knowing the terms and exclusions in your insurance policy and for paying our agreed upon fees even in the event that your insurance does not cover the services. I offer a complimentary billing service for clients covered by insurances with which I am contracted. Clients using insurances with which I am out of network are expected to pay in full at each session and are provided with a monthly invoice containing the information required for reimbursement for services. Exceptions can be made to this policy for clients who would sustain a prohibitive financial hardship with this arrangement.

Clients using my billing service are expected to pay their 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 Tracy Gonzalez of Professional Practice Billing Service at pplbilling@gmail.com or 541-941-7792.

Clients using billing service, please read carefully and sign below.

- 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 insurances with which Fern is in network and the full billed amount for insurances with which Fern is out of network unless other arrangements have been made between Fern and me.
- I understand that most insurances will not reimburse for missed sessions and that I am responsible for paying for missed sessions for which a 24-hour prior notice is not given.
- I understand that my insurance contract is between myself and my insurance company and that I am responsible for knowing the terms, conditions, and exclusions in my insurance policy and 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 are due at the time of service.

- I understand that I will be invoiced for all additional fees after service dates have been processed by the insurance company and the billing service.
- I understand that Fern Snogren and Professional Practice Billing Service have a legal right to utilize 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 that Fern Snogren has the right to impose an additional 43% fee if my account is referred for regular collection and 68% for legal collection.

Client or Parent/Guardian Name (Print)

Client or Parent/Guardian (Signature)

Date

Clients paying full fee at time of service and doing their own billing, please read carefully and sign below.

- I understand I will receive a monthly superbill from Fern containing the necessary information required by insurances that I may submit to my insurance company for reimbursement.
- I understand that my insurance contract is between myself and my insurance company 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, I may request the assistance of Fern Snogren and/or Professional Practice Billing in having my claims successfully reimbursed but that Fern Snogren and Professional Practice Billing cannot be held accountable for non-reimbursed claims.
- I understand that most insurances will not reimburse for missed sessions and that 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