

OUT-OF-NETWORK INSURANCE USE AND BILLING AGREEMENT

My services are covered by many insurances, whether I am contracted with them or not. Exceptions are EAPs, HMOs, Medicare, some Medicare secondary insurances, and commercial plans that only cover services of contracted providers. Consumers typically receive higher benefits (in the form of lower copays and sometimes smaller or no deductibles) when they use contracted providers. This contract explains my payment policies pertinent to clients whose insurance companies I am not contracted with.

Clients using insurances for which I am not a contracted 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. Somatic Psychotherapy is registered with Reimbursify, an app that streamlines superbill submission for out-of-network clients. Visit: <https://reimbursify.com/> for more information.

Clients enrolled in Medicare with secondary coverage who wish to attempt to be reimbursed by their secondary insurance must sign a separate contract with me as required by Medicare before submitting superbills. Clients who become enrolled with Medicare midway through our work must inform me of the change so the contract can be signed prior to superbill submission.

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 that if I am or if during my work with Fern I become a Medicare enrollee, I must inform Fern and sign the Medicare-required contract prior to submission of superbills.
- I understand 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