



## INSURANCE AGREEMENT

Between Dr. Spencer L. Griffith LLC and

Client: \_\_\_\_\_ pertaining to Insurance: \_\_\_\_\_

### Insurance Policy Summary

- ❖ Clients are ultimately responsible for the agreed upon Usual & Customary fees for services rendered.
- ❖ Clients may choose to either receive services with or independently of their insurance. To assist with this decision making process, please refer to the 'Benefits and Risks of Using Insurance Benefits' section of the Psychologist-Client Services Agreement.
- ❖ If using an insurance, it is the client's responsibly to be aware of deductibles, co-payments, benefit/session limits and other restrictions affecting reimbursement. Clients are responsible for obtaining authorizations and pre-certifications but I will make reasonable efforts to assist in that process.
- ❖ Insurance companies may not reimburse for missed appointments. If a claim is denied for 'late cancel' or 'no show' reasons the client is responsible for the missed session fee.
- ❖ If I am a paneled provider for the above insurance, I will submit claims on a client's behalf. Signing this agreement authorizes Dr. Spencer L. Griffith LLC to act in this capacity.
- ❖ I will make every reasonable effort to collect payment from the primary insurance according to my contract with them. However, excessive billing complications and delays by the insurance may require client payment for services and their pursuing independent reimbursement.
- ❖ If I am a paneled provider for the primary insurance and there is a secondary insurance, I will process the claims for the primary insurance only. The client will be billed the remaining balance and may seek reimbursement from the secondary insurance independently.
- ❖ If I am not a paneled provider for the client's insurance, the client is responsible to pay the agreed upon Usual & Customary fee at time of service. I will then provide the client with the information needed to seek reimbursement from the insurance company directly.
- ❖ By signing below the client authorizes Dr. Spencer L. Griffith LLC to release to the above listed insurance company any requested client information necessary to process insurance claims. Such disclosures shall be made in compliance with the Oregon HIPAA Notice and policies discussed in the Psychologist-Client Services Agreement.
- ❖ Balances left unpaid over 90 days from the date of service may be charged to their credit/debit card which is held on file as a contingency for delinquent payments. All other policies from the Psychologist-Client Fee Agreement apply.

I understand the above policies and agree to abide by them:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_