

CONNECT PSYCHOLOGICAL SERVICES, LLC

1580 South Milwaukee, Ave. Suite 407 Libertyville, IL 60048. 847) 502-5218

OUT OF NETWORK BENEFITS

I may be considered an “Out of Network” provider with certain insurance companies. Contact your insurance company to determine what your out of network benefits for behavioral health are and how to access those benefits. As a courtesy, I can provide you a copy of a superbill, which you can then submit to your insurance company for reimbursement. This superbill will contain a diagnostic code, session code, date, time, location, mode of therapy, and professional credentials. You will pay Connect Psychological Services for services and submit your bills to your insurance company. Your insurance company can tell you how much, if any, they will reimburse you. At times out of network insurance companies contact me for additional information, such as your treatment plan or progress notes. I must have a release of information in place that gives me permission to share this information. There are risks and benefits to allowing your insurance to have access to your records. For example, you may receive some reimbursement, but your personal information will be viewed by others. There are times that if records are not shared, reimbursement may be suspended or cancelled.

This is a legally binding contract between Connect Psychological Services, LLC and you.

- It is your full responsibility to provide accurate and current information to Connect Psychological Services, LLC about insurance coverage(s) regardless of how insurance is obtained.
- I agree to be financially responsible for payment to Connect Psychological Services, LLC for services rendered.
- I understand that copayments, coinsurance, and deductibles are non-negotiable and cannot be waived regardless of financial situation.
- I understand if my financial situation changes and I obtain different insurance, Medicaid and/or Medicare, I will inform Connect Psychological Services immediately; Dr. O’Keeffe only accepts BCBS PPO insurance. Dr.O’Keeffe is not a Medicaid or Medicare provider.
- All services provided including therapy sessions, forms, documents, letter writing, consultations, or similar is considered non-refundable.
- I understand services are to be paid the date they are rendered.
- I understand Connect Psychological Services, may be considered an “Out of Network” provider. As such, Connect Psychological Services will not bill insurance directly for “Out of Network” clients.

- If Connect Psychological Services is out of network with my insurance company, I understand Connect Psychological Services, LLC, will provide a Super Bill that I can submit for reimbursement by my insurance company only if I request such.
- I understand if an insurance claim is retroactively denied, at any point, that I am financially responsible for full payment of claims denied for any reason.
- I understand Connect Psychological Services, LLC, does not retroactively honor payment adjustments.
- I understand that I am responsible for providing accurate insurance information and that Connect Psychological Services, LLC does not retroactively bill for dates of service where it was once considered self-pay and/or out-of-network and is now considered in-network.
- I understand Connect Psychological Services does not bill secondary insurance.
- I understand if I have primary and secondary insurance, I must inform Dr. O’Keeffe. I am responsible for completing a "Coordination of Benefits". Claims will be processed once the form is submitted.
- I understand that I will be responsible for any missed appointment fees or any cancelled appointment fees in which a 24- business hour notice was not given. Insurance does not cover this cost.
- I understand there will be a \$35.00 fee for all returned checks.
- I understand that I may opt out of insurance payment and go to self-pay. There are pros and cons to self-pay. Please request an OPT-OUT form if this is your decision. Dr. O’Keeffe will provide you with a Good Faith Estimate required under the No Surprises Act ,if this is your choice.
- I agree I have read all the financial and fee disclosures in the Informed Consent.
- I understand that if I fail to pay the balance on my account this may result in Connect Psychological Services, LLC, pursuing any collection means possible and that such action is considered appropriate for immediate termination from the therapeutic process.
- If my account becomes delinquent, it may be forwarded to an outside collection agency or small claims court without notice. If this happens, the client will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs. Such action may be appropriate for immediate termination from the therapeutic process.
- I understand that if I dispute a charge through payment method on file for any service or missed appointment that such action is considered appropriate for immediate termination from the therapeutic process.

By signing, I agree that I have been provided the opportunity to read, review, and ask questions of this Insurance Agreement.

Client signature

Date

