

# KARIS PSYCHOLOGICAL SERVICES

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MARY NALLEN, PSY.D.

LICENCED CLINICAL PSYCHOLOGIST

## Financial Agreement

This form is an agreement between you, \_\_\_\_\_, and Mary Nallen, Psy.D., Licensed Clinical Psychologist (DBA: Karis Psychological Services, LLC). The use of the word "you" below, means you or your minor child: \_\_\_\_\_

I/we agree to pay Mary Nallen, Psy.D., Licensed Clinical Psychologist (DBA: Karis Psychological Services, LLC) \$300.00 for the initial Diagnostic Interview Session and \$200 per session thereafter.

I/we understand that it is my/our responsibility to pay for services rendered by Dr. Nallen (dba: Karis Psychological Services, LLC ) and that Dr. Nallen will discuss fees and account balances with me/us so that I/we are aware and informed about financial matters that may pertain to me/us. I/we understand that, in case of any significant economic change (for example, loss of employment, job promotion, or unexpected disability) that Dr. Nallen and I/we can mutually discuss and change the terms of this agreement.

As a convenience to you, we will send claims for services directly to your medical insurance when allowed. However, it is ultimately **YOUR** responsibility to be knowledgeable of your policy, its coverage and limitations.

I/we are aware that Mary Nallen, Psy.D., Licensed Clinical Psychologist (DBA: Karis Psychological Services, LLC) is only a preferred provider with Blue Cross Blue Shield of Illinois PPO (BCBS of IL). Dr. Nallen and Karis Psychological Services, LLC agrees to honor the provider contract with BCBS of IL and will only collect deductibles, co-insurance and co-payments from the patient as documented on the explanation of benefits (EOB) for each respective claim from BCBS of IL. Moreover, Dr. Nallen and Karis Psychological Services, LLC is obligated to write off the provider discount outlined on each EOB. Insurance companies other than BCBS of Illinois will be reimbursed at Out of Network rates and the patient is responsible for any balance that is not paid by their out of network insurance carrier.

## Cancelled/Missed Appointments

A scheduled appointment means that time is reserved only for you. All appointments not kept or cancelled within 24 hours of the scheduled time will be billed at the full professional rate unless a medical emergency or other serious life event occurs. Moreover, if you have more than three cancelled appointment in a three month period (regardless of whether 24 hours notice was given) you will be billed at the full professional rate unless medical emergencies or other serious life events were shown to be the reason behind such cancellations. In the case of third-party reimbursement for services (e.g., insurance), your health plan does not cover payment for missed appointments; therefore, you are responsible for payment in full.

Date of signature: \_\_\_\_\_

\_\_\_\_\_  
Printed name of client or her/his personal representative

\_\_\_\_\_  
Signature of client or her/his personal representative