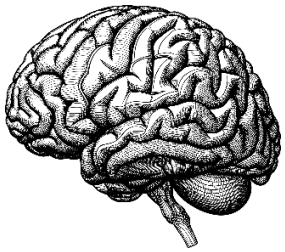

GKB Neuropsychology

George K. Bialkowski, Psy.D., PLLC d/b/a GKB Neuropsychology

1560 Wall St., Suite 304, Naperville, IL. 60563

Phone: (630) 379 – 3457

Fax: (630) 708 – 7445

Email: info@gkbneuropsychology.com

FINANCIAL RESPONSIBILITY AND PAYMENT POLICY

This Financial Responsibility and Payment Policy explains the financial terms under which professional services are provided by George K. Bialkowski, Psy.D., PLLC doing business as GKB Neuropsychology.

By signing at the end I agree that I have read, understand, and accept this policy. I understand that it applies to all services provided to me, or to the person for whom I am legally responsible, by this practice.

1. General Financial Responsibility

I understand and agree that

- I am financially responsible for all professional fees for services provided by George K. Bialkowski, Psy.D., PLLC d/b/a GKB Neuropsychology.
- This responsibility applies whether or not I have health insurance and regardless of the outcome of any insurance claim.
- If my insurance company or any other payer does not pay for all or part of the services I receive, I remain responsible for any unpaid balance.

If I am signing as a parent, guardian, or other legal representative, I understand and agree that I am assuming financial responsibility for the patient named in this document.

I agree to provide complete and accurate demographic and insurance information and to notify the practice as soon as possible of any changes to my address, telephone number, or insurance coverage.

2. Insurance Coverage and Billing

If I have health insurance coverage I understand that

- As a courtesy, GKB Neuropsychology may submit claims to my insurance company when possible, but is not required to do so.
- It is my responsibility to know and understand my own benefits, including deductibles, copayments, coinsurance, and any limits on coverage.
- Any information given to me by my insurance company before or during treatment is an estimate only and is not a guarantee that payment will be made.

I understand that

- I am responsible for copayments, coinsurance, and deductibles as determined by my insurance plan.
- If my plan denies payment, reduces payment, or applies services to my deductible, I am responsible for any remaining balance.
- If my plan requires a referral, preauthorization, or ongoing authorization, I am responsible for obtaining and maintaining that authorization. Failure to do so may result in nonpayment by the insurance plan and I will then be responsible for the full fee.

If I have more than one insurance policy I agree to provide complete information on all active plans and to identify the primary plan. I understand that the insurance companies, not GKB Neuropsychology, determine which plan is primary and how benefits are coordinated.

3. In Network and Out of Network Status

I understand that

- GKB Neuropsychology may be in network with some insurance plans and out of network with others, and that participation status may change over time.
- It is my responsibility to verify whether GKB Neuropsychology and Dr. Bialkowski are in network or out of network for my plan before services begin.
- If the practice is out of network for my plan, my out of pocket costs may be higher and some services may not be covered.

Whether services are in network or out of network, I understand that I am ultimately responsible for payment of all fees charged for my care.

If GKB Neuropsychology is out of network for my plan, I may be required to pay all or part of the fee at the time of service. I may then submit claims to my insurance plan myself if I choose, and if my plan allows it.

4. Services That May Not Be Covered by Insurance

I understand that some services may not be covered or may be only partially covered by my insurance plan. These may include, but are not limited to

- Certain types of evaluation, such as educational, vocational, fitness for duty, capacity, guardianship, or other legal and forensic assessments.
- Consultation requested by third parties, such as attorneys, schools, or agencies.
- Extensive review of outside records beyond what is typical for an evaluation.
- Preparation of detailed letters or completion of forms at my request or at the request of a third party.
- Extended telephone calls or meetings that are not part of routine care.
- Missed appointments or late cancellations.

If a service is not covered, or is only partially covered, by my insurance plan I agree to be responsible for the full fee or for the uncovered portion of the fee.

5. Self-Pay Patients

If I do not have insurance or choose not to use my insurance benefits for services at this practice

- I will be considered a self-pay patient.
- Fees for services will be discussed with me in advance whenever possible.
- Payment is generally due at the time of service unless another written arrangement is made with the practice.

Choosing to be self-pay at GKB Neuropsychology does not prevent me from using insurance for services provided by other health care professionals.

6. Fees for Professional Services

I understand that fees for neuropsychological services may include

- Initial and follow up clinical interviews.
- Test administration and scoring by a licensed psychologist and, when appropriate, trained technicians under supervision.
- Interpretation and integration of test results, medical records, and other data.
- Preparation of a written report summarizing findings and recommendations.
- Feedback sessions to review results and discuss recommendations.

Additional professional services may result in separate fees. These may include

- Preparation of detailed letters, summaries, or forms at my request or at the request of third parties.
- Extended telephone calls with me or with other professionals at my request.
- Review of large volumes of records supplied after the evaluation has begun.
- Consultation with attorneys, schools, agencies, or other third parties that is not part of routine clinical care.

- Court related services, including but not limited to depositions, testimony, travel time, preparation time, and time spent responding to subpoenas or other legal demands.

I understand that a schedule of current fees is available upon request and may change over time. Reasonable notice of any significant fee changes will be given whenever possible.

7. Payment Methods and Timing

I understand that

- Payment is expected at the time of service unless a different written payment plan has been agreed upon in advance.
- GKB Neuropsychology may accept various forms of payment, such as credit or debit cards, checks, or approved electronic payments.
- If I am using insurance I may be required to pay my estimated copayment, coinsurance, or deductible at each visit.

If it is later determined, after the claim has been processed, that additional amounts are owed, I agree to pay any resulting balance within a reasonable time after I receive a statement.

If I am not able to pay the full amount when due, I agree to contact the office as soon as possible to discuss payment options.

8. Missed Appointments and Late Cancellations

Appointment times are reserved specifically for me. I understand that

- If I need to cancel or reschedule an appointment, I should give at least forty eight hours notice whenever possible.
- The practice may charge a fee for missed appointments or late cancellations, according to its current policy.
- These fees are usually not covered by insurance and will be my responsibility.

I understand that repeated missed appointments or late cancellations may lead to a review of whether ongoing services are appropriate or may result in postponement or discontinuation of services.

9. Statements, Past Due Balances, and Collections

I understand that

- If I have a balance, I will receive a statement showing the amount due and the date by which payment is requested.
- I am expected to pay balances in full by the due date on the statement unless I have made a different written payment arrangement that the practice has accepted.

If my account becomes past due

- Reasonable efforts will be made to contact me and give me an opportunity to arrange payment.
- If the account remains unpaid, it may be referred to a collection agency or attorney for further action.
- If that occurs, only the minimum necessary information will be shared, such as my name, contact information, dates of service, and amount owed.

I understand that if my account is referred for collection this may affect my credit and may result in additional costs or fees that I may be responsible for.

10. Returned Checks and Failed Payments

If a check or electronic payment is returned unpaid or otherwise fails

- I may be charged a returned payment fee consistent with the current fee schedule.
- I may be required to provide a different form of payment for future services.

11. Third Party and Facility Based Payers

If my evaluation is requested or arranged by a third party, such as a physician group, an attorney, an agency, a school system, or a long-term care facility

- That third party may agree to pay some or all of the fees.
- Even when a third party has agreed to pay, I understand that I may still be responsible for any portion that is not paid, for example when authorization is not obtained, payment is denied, or the third party does not pay as expected.

Unless there is a separate written agreement that clearly states otherwise, I remain ultimately responsible for payment of all fees for services provided to me or to the person for whom I am legally responsible.

12. Communication About My Account

I consent to be contacted by GKB Neuropsychology, and by any billing service acting on its behalf, regarding my account and any outstanding balances.

This contact may occur by mail, telephone, voicemail, secure portal, or email using the contact information I have provided.

If I have separately consented to the use of email or text messages for administrative purposes, I understand that such communication will be limited to scheduling and billing matters and will not be used for clinical discussions or emergencies.

13. Changes to This Policy and Governing Law

This Financial Responsibility and Payment Policy may be updated from time to time. The most current version will be available from the office on request.

Unless otherwise agreed in writing, my obligations will be governed by the version of the policy that is in effect at the time services are provided.

I understand that this policy is governed by the laws of the State of Illinois. If any part of this policy is found to be invalid or unenforceable, the remaining provisions will continue in full force and effect.

14. Questions

I understand that I may ask questions at any time about this policy, about my account, or about any fees. I am encouraged to raise questions or concerns as early as possible so that possible solutions can be considered.