



Psychological Evaluation Financial Agreement
(Complete Form if Applicable to Services Being Sought)
Psychological Evaluations

EVALUATION PACKAGES:

The cost of a psychological evaluation will be determined by the level of need based on the referral reason, ranging from a brief screening to a fully comprehensive psychological evaluation. Thus, the expected time for administration, scoring, analysis, and report writing will vary. At the end of the evaluation process, you will be provided a written report. The table below provides an overview of the different options available. Please be aware that this table is merely a guide and that the assessment areas and instruments chosen for each evaluation are personalized to the client's needs. The packages are capped and will not exceed the corresponding costs listed even if the evaluation and report writing takes longer than initially anticipated. Any subsequent services such as consultation with lawyers, preparation of additional summaries or reports, interventions, etc. are considered separate services and are billed accordingly.

Evaluation Overview

DIAGNOSTIC INTERVIEW

Gathering history, identifying problem areas, initial diagnostic impressions, treatment recommendations, clinical note and verbal feedback

SCREENING

- a. *Diagnostic Interview, may include a brief inventory, written summary*
- b. *Abbreviated IQ or Personality Assessment, written summary*

BASIC

- a. *Diagnostic Interview, 1-2 inventories, objective personality measure, written report*
- b. *Abbreviated IQ, Personality Assessment (Limited), and 1-2 Brief Inventories*

REFERRAL-SPECIFIC

- a. *Diagnostic Interview, 1-3 inventories, 1-2 objective personality measures, Intellectual Functioning (Limited), written report*
- b. *Diagnostic Interview, Intellectual Functioning (Full), Executive Controls, Language, Academic Achievement (Limited), Learning and Memory, Personality Assessment (No Projectives), written report*

EXTENSIVE EVALUATION

Diagnostic Interview, Intellectual Functioning (Full), Executive Controls, Language, Academic Achievement, Learning and Memory, Personality Assessment (With 1-3 Projectives), written report

COMPREHENSIVE EVALUATION

Diagnostic Interview, Intellectual Functioning (Full), Executive Controls, Language, Academic Achievement, Learning and Memory, Visuo-Construction Skills, Sensorimotor Abilities, and Personality Assessment (With 1-3 Projectives), written report

Insurance Reimbursement

If you have a health insurance policy, it may provide some coverage for a Psychological Evaluation. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed health care plans such as HMO's and PPO's often require authorization before they provide reimbursement for mental health services.

Please note that preauthorization from the insurance company does not guarantee they will actually pay for services. Also, be aware that the evaluation procedures are not flexible and you will be responsible for the full cost of any procedures that your insurance company does not agree to preauthorize.

Insurance coverage varies widely between policies and this is especially true for psychological testing procedures. Therefore, we cannot tell you what the exact final cost for you will be. However, you will ultimately be responsible for:

- a) Any co-payments that are required by your policy
- b) Any deductible amounts that are required by your policy
- c) Any services that are considered "excluded" by your policy
- d) Any services that your insurance company does not agree to preauthorize when your policy requires a preauthorization
- e) An out-of-pocket testing materials fee of \$60- \$120

Due to the difficulty and delay typically involved in verifying insurance policy coverage for testing services, we require prepayment of 50% of the total evaluation cost that will be applied to anticipated co-payments and uncovered services. As insurance verification/payment is received you will be notified about your remaining balance due. To the extent that services are covered you may be entitled to a refund. Refunds will be issued only after insurance has completed all responses and payments for the services.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about coverage, call your plan administrator. We will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above [unless prohibited by contract].

Payment:

We accept cash, master card and visa card. Should you fail to make payment in a timely manner and your account is sent to collections, you will be responsible for any additional charges incurred due to the collections process. You should always check in with the front receptionist prior to or after each visit to check account status and schedule any future services that may be necessary. Missed appointments/or appointments cancelled without a 48-hour notice will result in a no exception \$300.00 fee. (Exceptions will be considered ONLY for potentially hazardous travel condition such as inclement weather.)

Your signature on this agreement verifies that you understand that our preauthorization for this evaluation is not a guarantee that your insurance company will pay for this evaluation. If your insurance company chooses not to pay, you have agreed to self pay \$ _____ for this evaluation.

Two copies of the report will be provided. Additional copies will cost \$1.00 per page plus a \$45.00 service fee and any required postage.

*Time to complete evaluation and report is a minimum of 2 weeks, but not typically longer than 4 weeks (depending on time required to complete testing procedures).

*For some evaluations, expedited results of less than 2 weeks may be available (15% surcharge, not billable to insurance)

Payment Work-Sheet

Total Billing hours: _____

Anticipated billing hours coverage by insurance company:

Anticipated billing hours to be paid directly by patients

Anticipated deductible to be paid by patient.....

Co-pay for covered services:-----

Amount for services not covered by insurance (\$120/hr):-----

Material Cost (Not covered by Insurance):.....

Total Anticipated cost to patient plus copay: -----

50% deposit requirement:.....

I RECOGNIZE AND ACCEPT PERSONAL RESPONSIBILITY FOR ALL SERVICEES RENDERED AND WILL MAKE PAYMENT IN FULL OF ANY CO-PAYMENTS OR DEDUCTIBLES AND FOR ANY BALANCE OUTSTANDING AFTER PAYMENT OR DENIAL OF SUCH INSURANCE BENEFITS. I HAVE READ THE FINANCIAL POLICIES AND AGREE TO MEET THEM.

Patient full name _____

Payment responsible party full name _____

Social Security Number: _____ DOB: _____

Signature of Patient/ Responsible Party:

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