ASSESSMENT BILLING AND COLLECTION POLICIES

Client Name: ___________________________ DOB: ______________________

Professional Fees for Insurance Billing
- Initial Diagnostic Assessment $275
- Brief Diagnostic Assessment for Existing Client $150
- Psychological/Neuropsychological Testing $250/ Hour
- Feedback Session and Treatment Planning $225
- 6-Week Follow up and Strategies Session $225/ Hour

Professional Fees for Out-of-Pocket
- School Readiness Evaluation up to 4 hours $400
- Updated Re-Evaluation up to 6 hours $1350
- Neurodevelopmental Eval up to 6 hours $1350
- Psychological Evaluation up to 8 hours $1800
- Neuropsychological Eval up to 10 hours $2275
- Follow up and Coaching 1 hour session $200

Deposit
Credit card information will be collected at the time you consent to and initiate assessment services. This will reserve the appointment times and allow for any remaining balance to be paid after insurance has been processed. The credit card on file may be charged if alternative payment is not received within 30 days of your statement issue date. After scheduling the testing appointment, if you decide to cancel without rescheduling, a cancellation fee of $250 will be charged to the credit card.

If a credit card is not available, a $250 deposit in the form of a check will be required. If you decide to cancel without rescheduling, the deposit will be forfeited. The deposit will be applied to the testing charges as they are incurred. Any remaining balance after the $250 deposit is payable immediately or refunded in the case of overpayment.

Cancellation Policy
Once an appointment is scheduled, you will be expected to give 24 hours advanced notice of cancellation. There will be a fee for a missed session according to the following schedule:
- First no show/late cancellation - reminder given about policy, no charge
- Second no show/late cancellation - $100 charge
- Third no show/late cancellation - $200 charge
- Cancellation of testing with no reschedule - $250 charge

Please note that insurance companies do not pay for cancelled or missed appointments. Repeated cancellations and missed appointments may result in the termination of the professional relationship.
Insurance Reimbursement and Payment

Obtaining an evaluation can be a substantial financial commitment. It is very important for you to know exactly what your financial obligation will be. During the initial phone consultation and through the diagnostic interview, you will receive an estimate of recommended testing hours and we will discuss potential charges for the remainder of the evaluation, including testing with the client, scoring the test, reviewing records, conducting the feedback session, and writing the report. If the testing process takes longer than estimated, you will be responsible for additional fees prior to the feedback session.

If you have health insurance, testing may be fully or partially covered. However, it is ultimately your responsibility to pay for any and all expenses as they are incurred. If you have questions about your policy, it is recommended that you contact your insurance company to inquire about your mental health benefits and any requirements for authorization. Hope Psychology Practice, LLC, in collaboration with MB Billing Services, LLC, will provide you with assistance in seeking reimbursement for in-network and out-of-network coverage. If you choose to pay out-of-pocket, you will be given a 10% discount on all services, as reflected in the self-pay options listed above. In circumstances of unusual financial hardship, Hope Psychology Practice, LLC may be willing to negotiate a fee adjustment.

Please be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans, summaries, or copies of the professional record. 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 and what will happen in the event that they run out before you feel ready to end services. You always have the right to pay for services yourself instead of going through insurance.

If you have insurance and would like to use it for assessment fees, you are strongly encouraged to confirm your benefits with your insurance carrier. If you change insurance companies during the course of testing, it is your responsibility to notify me prior to your next appointment so that coverage can be verified. If your insurance carrier requires a pre-authorization for testing, I will complete the necessary paperwork after the diagnostic interview. I will keep track of the authorization process, but it is in your interest to keep track as well as you are responsible for all charges associated with testing.

Self-Pay Payment Schedule

A 50% deposit of the cost of the chosen testing package will be collected at the initial session. The remaining balance is due at the feedback session. Fees for additional follow up session and support services are due at time of services. If payment is not received or additional charges are incurred, Hope Psychology Practice, LLC will utilize a billing service and/or collection service to collect the remaining fees. A copy of the formal written report will not be released if there is an outstanding balance. A letter reflecting this hold will be mailed if this occurs. A detailed invoice will also be provided to use for Health Savings Account (HAS) or insurance reimbursement.

Forms, Letters, and Reports

A comprehensive written report along with a summary sheet is included in the charges for the evaluation. There is no charge for completion of forms needed to secure pre-authorization for testing from your insurance company. However, charges will apply for other forms or letters that are needed, including but not limited to, letters to insurance companies for justification of diagnoses, evaluation, or treatment; letters or forms needed for schools or state agencies regarding diagnosis, treatment or information for IEP planning; letters to attorneys; etc. The charge for completion of brief forms and
letters is $25. Charges for lengthy or more detailed letters will be at the hourly consultation rate ($200 per hour). Payment must be made before the forms/letter will be completed.

**Support Services**
Initial phone call for consultation and case planning is free and will not be charged. Other professional services, such as request for my attendance at meetings at the school or with other professionals, will be charged $200 per hour in 15 minute increments. As part of the evaluation process, I am happy to provide phone calls for consultation, treatment planning, and collaboration with other providers free of charge, including attending treatment planning meetings via conference call if I am available. Phone calls that last longer than 30 minutes will be charged $25 per every 15 minutes after the initial complimentary 30 minutes. Please note that insurance companies do not reimburse support services.

We accept cash, check, Visa, MasterCard, American Express, and Discover Card. Please note that a $2.00 convenience fee is added for individual session credit card charges and a $20.00 convenience fee for full-pay assessment charges.

**Agreement and Release of Information for Services**
*Please initial and sign the following:*

_____ I have read and understand the above described billing policies.

_____ I understand the 24-hour cancellation and missed appointment policy and accept responsibility for payment as described above.

_____ I understand that my deposit of $250 paid via check on ________________ will be applied to testing charges as they are incurred or forfeited in the case of cancellation without rescheduling.

_____ I hereby authorize Hope Psychology Services, LLC to release information (i.e., a statement of my diagnosis, services I received, name of the person providing services, total charges for services, and dates of service) to my insurance carrier(s) and/or collectors. In addition, I understand that MB Billing Services, LLC will be provided this information in order to manage billing and insurance claims.

_____ I understand that no further information will be released without my advanced knowledge, except as authorized by law, and that access to this information will be limited to those individuals who require access to accomplish the above billing procedures. I understand that I may revoke this consent at any time and that it will expire within one year of this date or when the purpose for which it was granted has been accomplished, whichever occurs first.

_________________________________________  _______________________
Client or Guardian Signature                Date
Please complete the following section and bring a copy of your insurance card if you would like to have your insurance carrier billed.

☐ I prefer to pay out-of-pocket instead of billing my insurance company.

**INSURANCE INFORMATION (DO NOT COMPLETE IF SELF-PAY)**

<table>
<thead>
<tr>
<th>Primary Insurance Company</th>
<th>Relationship to Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Holder Name</td>
<td>Policy Holder Employer</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Policy/ID Number</td>
</tr>
<tr>
<td>Group Plan Number</td>
<td></td>
</tr>
</tbody>
</table>

Please complete the following section and bring a copy of credit card or HSA card if you would like to have the option of charging your credit card for services provided. A final bill will be sent prior to your account being charged. Credit card may be charged if alternative payment is not received within 30 days of the statement issue date.

☐ I prefer to provide a $250 deposit check instead of using a credit card.

**CREDIT CARD INFORMATION**

<table>
<thead>
<tr>
<th>Credit Card Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Card</td>
<td></td>
</tr>
<tr>
<td>Zip Code of Billing Address</td>
<td>CVV Code</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

I agree this signature on file allows for charges to be made to this credit card after receiving an invoice of services and amount due. I understand that this credit card will be charged automatically if alternative payment is not received within 30 days of the statement issue date.

Please note that a $2.00 credit card convenience fee is added for each session paid individually (diagnostic, feedback, follow-up coaching sessions). A $20.00 convenience fee is charged for a one-time payment of all assessment charges (diagnostic, testing, feedback).