



BEHAVIORAL NEUROPSYCHOLOGY & REHABILITATION

value. quality care. convenience.

PAYMENT POLICY AND AGREEMENT

Thank you for choosing us as your Mental and Behavioral Health provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have. A copy will be provided to you upon request.

I - INSURANCE

We participate in most insurance plans, including Medicare, Tricare, and VACCN. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

As a courtesy, Behavioral Neuropsychology & Rehabilitation, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. A pre-authorization or certification is not a guarantee of benefits or payment.

It is the policy of Behavioral Neuropsychology & Rehabilitation that payment is due at the time of service **unless other financial arrangements are made in advance***. We require all patients to pay their deductible, copay, coinsurance and/or costs of the full Neuropsychological Assessment at the beginning of the Neuropsychological Evaluation. It is your responsibility to accept or reject the office's policy.

At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

If you are covered by health insurance with Mental Health and Behavioral Health benefits, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Having an Insurance Authorization does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred; your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

Please be aware of the following regarding medical, health and/or mental health insurance:

- (1) All medical services furnished are charged directly to the patients.
- (2) Payment is requested at the time of service unless you have:
 - a.) **Medicare as a Primary insurance** and a secondary insurance accepted by our office, such as BCBS, UHC, Cigna Aetna, etc. If the secondary is Medicaid or similar to Medicaid, patient is responsible for 20% of the total fee (20% of the total of the Neuropsychological Evaluation and Medicare covers 80%).
 - b.) **Optum VACCN** with previous VA Authorization.
- (3) Patients are personally responsible for payment of bills.
- (4) If due to unforeseen circumstances, additional procedures and/or treatments are done, patients must make arrangements for payment.
- (5) Patients are expected to keep their accounts current while waiting for their insurance company to make payments.

Your insurance coverage is a contract between you and your insurance company to help you meet medical expenses. Please discuss charges, payment and refund policy before you start the procedures. By signing the Intake paperwork in our office or this document and starting the Neuropsychological Evaluation, you understand and accept this Payment Policy and Agreement.

II – PSYCHOLOGICAL/NEUROPSYCHOLOGICAL ASSESSMENT

Insurance benefits for psychological/neuropsychological testing/evaluations are often not considered “routine care” and varies depending on your individual insurance policy. Often the coverage of testing depends on the individual's diagnosis, which determines medical necessity for the testing procedures. Typically, evaluations are conducted to determine or rule out a diagnosis, and, consequently, diagnostic information is not available until completion of the evaluation. Insurance companies commonly require a copy of the psychological report to confirm this medical necessity. Please note that insurance companies do not cover for testing that is educational in nature (i.e., to rule out a learning disorder, giftedness, etc.), as they do not consider this to be of medical necessity. More recently, insurance companies have also denied coverage of testing for Attention-Deficit/Hyperactivity Disorder (ADHD).



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Our testing policy requires payment to be made prior to or at the time that testing occurs. If you have insurance and we are in-network with them we can bill this session through your insurance. After testing and the evaluation has occurred, as a courtesy, we will be happy to submit the claims and we will refund you the amount paid by the insurance; otherwise, we will be happy to provide a detailed invoice once the testing is completed and payment has been made. You can be responsible to submit the claims to the insurance.

We do not discuss claims not paid, rejected or denied by your insurance. This is the insured’s responsibility. It is advisable for you to contact your insurance company directly to obtain a detailed explanation of your benefits and procedures for submitting claims related to evaluations, including any authorizations required prior to testing, documentation and referrals. If needed, we will complete any clinical forms required by the insurance company (such as treatment plans or prior authorization forms); however, it is the insured’s responsibility to inform us of what is required by your insurance policy.

III. METHODS OF PAYMENT

- We accept payments by Cash, Check or Credit Card.
- We charge 3% fee for any credit card charge.
- We charge a Return Check Fee of \$25.00 per check for any check returned unpaid by your bank for any reason.

IV. ASSIGNMENTS OF BENEFITS

I hereby authorize Behavioral Neuropsychology & Rehabilitation to release necessary medical information to my insurance carrier and to pay any benefits directly to Behavioral Neuropsychology & Rehabilitation. However, I understand I am responsible for providing documentation to my health insurance if claims are rejected or denied by the health insurance.

V. FINANCIAL DISCLOSURE TO PATIENTS

This is to inform you your insurance company may or may not cover all charges for your Neuropsychological Evaluation. These charges are considered usual and necessary for a Comprehensive Neuropsychological Evaluation, but the insurance company may deny payment based on any number of reasons. You agree to be financially responsible for any charges denied by the insurance company.

VI. CODES FOR A COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION

CPT Codes	Quantity (vary based on age, diagnosis, number of tests)
96116	1
96121	1
96130	1
96131	1 to 3
96132	2 to 4
96133	10 to 20
96136	2 to 4
96137	10 to 20

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

A copy of this document is available in our office. You have the right to request a copy at any time during your evaluation. By signing the Intake Form, you agree to above policy and agreement and hereby consent to this policy.