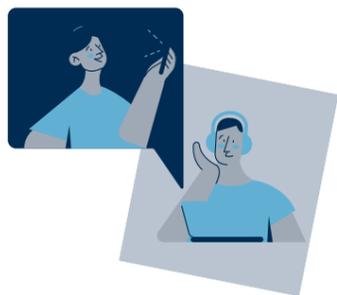


Psychological Testing Process

A psychological evaluation or testing, is a thorough process of assessment and screening administered by a psychologist. It consists of a series of tests and other assessment tools used to measure and observe certain data points to arrive at an accurate diagnosis to guide proper treatment. This process allows a psychologist to see the full picture of a person's strengths and limitations in order to provide an accurate diagnosis.

HELPS DETERMINE THE FOLLOWING:

- Severity of symptoms of depression and anxiety
- Learning disabilities
- Academic strength
- Root causes of emotional problems
- Positive and negative coping styles
- Reasons for behavioral problems
- Information about how you view the world
- Issues you may be struggling with
- Insight into your personality
- and more



1 Virtual Intake Appointment- 1 hour

Psychologist collects background information about the client. We advise you prepare and write down all observations, background info, and questions ahead of time.



2 Neuropsychological Testing Appointment - 4-7 Hours

Typically this will be an all day event. We ask that you are well rested and bring snacks and water. Regular breaks will be scheduled along with an hour for lunch. Testing is usually completed by 4 PM. **After testing, the psychologist will spend an additional 3-5 hours analyzing results and providing a comprehensive diagnostic 10-20 page report.**



3 Virtual Feedback Appointment- 1 hour

The psychologist will present you with all findings, review results, make all appropriate recommendations, and answer your questions.

IMPORTANT DETAILS

- Number of Total Hours Required: 10-15 Hours
- 4-6 Week Lead Time For Reports
- Accounts Must Be Settled In Full Prior To Any Report Release and Feedback
- Additional Fees May Apply For Records Review and/or Communication With 3rd Parties

INSURANCE CLAIM/PAYMENT SCENARIOS

***Please note that verification of coverage is not a guarantee of payment. Actual benefits can only be determined after the carrier processes a claim. All accounts must be settled in full prior to us releasing any official diagnostic reports.**

Prior to scheduling your appointment and using your insurance, we ask that you understand and accept all the various outcomes which could result when running the claim through your insurance carrier.

Scenario 1

Insurance covers the claim and you owe your copay or coinsurance portion. These rates are dictated by your individual contract.

(Example: Insurance processes the claim and the total contracted rate comes out to approximately \$1800. If your coinsurance percentage is 10%, you will owe approximately \$180 and insurance covers the rest.)

Scenario 2

You may owe into your deductible before any insurance payments are issued. Deductibles are dictated by your contract with your insurance

(Example: Your deductible is \$3000, If the contracted rate for the service is \$1800, you will owe us \$1800 to go towards your deductible.)

Scenario 3

Your carrier provides wrong information during the benefit verification and says the service is covered. They don't pay out, and once the claim processes, it shows you owe the contracted rate for the service.

(Example: Contracted rate is \$1800, you will owe the full contract rate balance.)



Tips For Calling Your Insurance To Check Benefits

- We may use the following CPT codes to bill for our services. Please provide them to your insurance company while conducting a verification of benefits. **90791, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139**

PRIVATE PAY RATES

Fixed Flat-rate Fees - Includes Intake, Testing, and Feedback Appointments.



Administration Fees

All testing services through insurance are subject to a non-refundable administrative fee.

Due at time of scheduling and is separate from the service and cannot be filed as a claim. It secures your appointment and covers all protocols, and equipment setup related charges.

Furthermore, all testing services claims filed through your insurance take approximately 4-6 weeks to process on the carrier end. Therefore, the lead time for reports is 4-6 weeks or until the insurance carrier processes the claim

***Additional fees for time maybe involved if clinicians are asked to review medical records or to speak to 3rd parties.**