

# Behavioral Health Assessments, LLC

## Testing Disclosure & Agreement ~ Financial Process & Responsibility

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This document is meant to explain the testing process to you. You will receive a copy of this document if requested and a copy will be kept on file with BHA LLC. If your questions are not answered here, you may contact the email above or you may email your assessment provider directly with any additional questions if you have already made contact with a specific provider.

Behavioral Health Assessments (BHA LLC) is a Limited Liability Corporation that conducts high-quality, efficient, evidence-based assessments. This is a fee-for-service assessment practice. This means that all testing services will be billed directly to families at a pre-determined rate based on the type of assessment being conducted.

It is important to note that testing will not be billed to insurance entities by BHA LLC. Instead, a summary invoice will be provided at the end of the testing process that includes the names of the tests utilized, number of hours of testing, the CPT Codes (Current Procedural Terminology), and the Diagnosis Codes. This information is provided for families who choose to submit the information to their insurance or for reimbursement via a company Flexible Spending Account.

Privacy will be maintained at all times in accordance with appropriate State and Federal laws, rules, and guidelines. All HIPAA regulations will be followed. As such, Legal Guardians wishing to have reports mailed from Behavioral Health Assessment's offices to other persons or locations will need to sign formal releases in person during one of the appointment sessions.

I understand that I have the right to be told the total cost of the service up front and in writing prior to starting testing. Further, I also understand that I am responsible for payment of the balance due prior to receiving feedback or final results.

All assessment measures will be scored, interpreted, and reports written once final payments are made in full. At that time, a feedback session will be conducted where 2 copies of the report will be provided and the results will be reviewed, scores explained, questions answered, and recommendations discussed.

Failure to show for a scheduled appointment or cancellation within 24-hours of the scheduled appointment may result in a \$50 charge. This charge is billed automatically but is ultimately at the discretion of the provider.

**I have read and understand this document, have been given the opportunity to ask questions, and hereby agree to abide by the terms and conditions contained within.**

Parent/Guardian or Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name [Print]: \_\_\_\_\_

Client's Name: \_\_\_\_\_ (PRINT)

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_