

# Child & Family Psychological Associates CFPA LLC

## TESTING DISCLOSURE & AGREEMENT FINANCIAL PROCESS AND RESPONSIBILITY

As an individual requesting psychological testing services for yourself or your child through CFPA LLC, the following document is to help explain the process. You will receive a copy of this document if requested and a copy will be kept on file.

- 1). The first appointment will be billed to your insurance carrier. Initial sessions generally do not include testing. This first appointment gives your clinician an opportunity to obtain background information and a detailed description of current concerns for determining the appropriate selection of tests to be given.
- 2). Not all testing is covered by all insurances. **You are strongly encouraged to contact your insurance carrier to confirm that your provider is on their panel and to receive an explanation of benefits for psychological testing services.** If your insurance plan does not provide coverage for testing services or does not provide the number of sessions necessary for services that have been provided, you will be responsible for all remaining fees.
- 3). Testing appointments will be billed to insurance companies. **Additionally, for each of the face-to-face testing appointments, an additional charge will be billed for costs associated with scoring and interpretation of test results.** Therefore, for some appointments (ones with testing or rating scales), you will see two separate billing codes/charges for the date listed.
- 4). CFPA LLC will only bill one insurance plan. You will be billed for the balance that is not covered by your primary insurance. After paying this amount to CFPA LLC, you may submit this claim to your secondary insurance for reimbursement if you wish to do so.
- 5). **Clients/guardians are responsible for copays for all charges billed to insurance companies. This includes copays for scoring and interpretation time.** For example, you are responsible for your standard copay at the in-office appointments (intake and testing sessions). Scoring and interpretation of test results may be completed for you/your child at a later time. You will then be billed for the copays associated with those times.
- 6). A brief report with recommendations and accompanying testing printouts will be reviewed and provided at the feedback appointment.

### MEMORANDUM OF UNDERSTANDING

(Please place a ☒ inside each box below indicating you have read and agree)

- ☐ I hereby authorize CFPA LLC and its agents to submit a claim to an insurance carrier on my behalf.
- ☐ I authorize the release of any medical information deemed necessary to process my insurance claims.
- ☐ I understand that I am responsible for charges not covered by my insurance provider.
- ☐ I understand that I have been given access to the *Notice of Privacy Practices* document ([www.cfpallc.com](http://www.cfpallc.com)) that outlines the appropriate use and disclosure of my Protected Health Information

**I have read and understand this document and have been given the opportunity to ask questions related to anything mentioned within.**

Name of Child: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

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Age 18 & above

Client's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Relationship of Person Responsible for Payment: \_\_\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_