



Financial Agreement

The following represents a summary of professional fees and billing practices.

Professional Practices and Policies

Intake Appointment. All evaluations, re-evaluations, and new therapy clients, require an initial intake appointment to meet the parents/caretakers, collect sufficient history, review previous information provided by parents/caretakers, and assess concerns and questions leading to the request for services. Intake appointments are billed at \$350 for a 90-minute meeting.

Evaluation/Assessment. Assessment appointments are billed at \$175 per hour. The total amount of time required to assess the child is variable by age, developmental level, and the child's tolerance for testing. There will be a separate appointment to review the results of testing with parents/caretakers, which is also billed at \$175 per 50-minute hour. In addition to intake, face-to-face assessment time, and feedback, I additionally charge for time involving scoring and interpretation of results; report writing; phone calls to teachers, therapists, physicians and other providers; participation in school consultation; and review of records.

It is difficult to accurately pre-determine the amount of time it will take to thoroughly assess your child. However, we will discuss an estimate of the time required for an evaluation at your intake appointment.

Individual Psychotherapy. Therapy appointments are billed at \$200 per 60-minute hour, \$150 per 45-minute hour, and \$100 per 30-minute hour. In addition, your treatment may involve some program development or consultation with other providers. These will be billed at my hourly evaluation rate of \$175 per hour. We will discuss program development services during the development of the treatment plan.

Consultation. I provide consultation for individuals with schools, therapists, physicians and/or other agencies at a rate of \$175 per hour.

Other Professional Services. In addition to the fees described below, I may additionally charge for other professional services you may require such as letter writing, treatment summaries, travel to and from an off-site location, telephone conversations requested or initiated by you, responding to email, or other services you may request. These are billed at my hourly rate of \$175 per hour.

Legal Proceedings. If you become involved in legal proceedings that require our participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. My rate for these services is \$350 per hour.

Payment Policy and Billing Practices

Payment can be made by card, check, or cash. If you elect to use a card, please note below if you would like to keep this card on file for automatic billing of subsequent appointments.

For evaluations, we require payment at three separate points in the evaluation process. Payment for the intake appointment is due at that appointment. The balance for all additional evaluation hours accrued, including face-to-face testing, scoring, interpretation, consultation with other providers, and feedback with parents is due at the time of the feedback appointment. Because the feedback appointment is used as part of the clinical process, a final written report will be generated following this appointment and a separate invoice will be generated for these hours and will be provided once payment is received in full.

I will not split bills or bill to multiple parties to accommodate separated or divorced parents. In cases of divorced and/or joint legal custody, services will be billed to the parent who signs the Financial Agreement form. I will not attempt to collect payment from anyone other than the authorizing parent. If a court of other agreement requires one parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.



CDNC

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Insurance Reimbursement. I am not paneled with any insurance provider and do not submit bills to insurance companies for out-of-network reimbursement. I will, however, provide you an invoice with dates of service, procedure codes, and clinical diagnoses that you can use to seek reimbursement on your own. This is sometimes referred to as a 'super bill.'

Remember that you hold the contract with your insurance carrier, and are responsible for understanding the preauthorization and payment policies of your carrier. It is the responsibility of the parent/guardian to contact their insurance company to verify eligibility of benefits and to find out exactly what mental health or medical services the insurance policy covers prior to the first appointment.

You should also be aware that your contract with your health insurance company may sometimes require me to provide additional clinical information, such as treatment plans or summaries, or copies of your child's entire Clinical Record, should you submit for reimbursement. In such situations, we will make every effort to release only the minimum information about your child that is necessary for the purpose requested. We will provide you with a copy of any report we submit, if you request it. By signing this Financial Agreement, you agree that we can provide requested information to your insurance carrier.

You should also be aware that some services provided by Child Development & Neuropsychology Center, Inc. are not typically covered by insurance. These may include, but are not limited to: school observation and consultation, consultation with specialists, parent training, group therapy, and behavioral management and intervention.

Overdue Accounts

You are responsible for your account and expected to pay for all services you receive at the time services are rendered. In the case of minor children or adults under the care of a legally appointed guardian, the parent or guardian who brings the patient for treatment is responsible for payment.

You have 30 days to pay your account balance in full. An additional \$10 rebilling fee will be assessed for each month in which no payment has been made, but was expected. Finance charges will be assessed after 90 days. All overdue accounts are subject to a 1.5% monthly finance charge, or 18% annually. The minimum finance charge is \$5.00 per month. The patient or responsible party is accountable for all rebilling fees and finance charges regardless of whether or not the insurance company delays payment.

You will be responsible for attorney's fees and costs or collection agency fees in the event that your account becomes delinquent. This can result in an additional 30-50% of your current bill being added to your total bill. In most collection situations, the only information we release regarding a client's treatment is his/her name, address, phone number, the nature of services provided and the amount due. Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of \$35.00.

If there is no attempt at payment within 90 days of service, your account will be sent to a collection agency. Patient or responsible party will be held accountable for attorney fees, court costs and collection fees assessed if the account becomes delinquent and is placed with a collection agency.

Appointments and Cancellations

Intake, feedback, and therapy appointments that are not canceled 24 hours in advance will be charged a fee of \$100. Evaluation or testing appointments that are not canceled 24 hours in advance will be charged a fee of \$350. It is important to note that insurance companies do not provide reimbursement for missed or canceled sessions.

Therapy appointments usually run on a 45-minute hour, and evaluation appointments are scheduled in multiple-hour blocks. Your therapy or evaluation appointment may not be extended beyond the scheduled times as a result of your late arrival. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advanced notice of cancellation. Even if you arrive late, you will be billed the full fee for your therapy appointment.

In cases of divorced and/or joint legal custody, we will assume that both parents have the right to request information about the child's treatment and make or cancel appointments unless otherwise provided by a court order. If a parent cancels an appointment for a child who is an established client, we will notify the other parent of the cancellation.



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My signature below indicates that I have read and understand all of the above policies in this financial agreement and have had the opportunity to ask questions, which have been answered to my satisfaction.

Patient's Full Name

____/____/_____
Patient's DOB:

Signature of Responsible Party

Date

Signature of Psychologist

Date

