CDNC

Child Development & Neuropsychology Center, Inc.

623 East 2100 South, Suite 103

Salt Lake City, UT 84106

p: 801-355-0195, f: 801-355-0199

Financial Agreement

The following represents a summary of professional fees and billing practices. 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, attendance at meetings or consultations that you have authorized, or other services you may request.

Professional Practices and Policies

Intake Appointment. All therapy and evaluations, including re-evaluations, 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.

Insurance carriers do not allow us to bill for multiple evaluation review/feedback appointments. If either parent requests separate evaluation reviews/ feedbacks, or it is determined by your provider that this will be necessary, the second appointment fee will need to be paid in full prior to the start of the session.

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 a prorated rate of $125 an hour if needed. 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 $125 per hour. These services are not typically part of insurance coverage. For this reason, they are provided at a reduced fee and are the patient's responsibility to pay in full.

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

For evaluations, even when we are billing your insurance, we require a $350 deposit at the time of the intake appointment. Payment can be made by card, check, or cash. If payment is not provided at the time of the intake appointment, the appointment will be rescheduled. The final balance is due at the time of the feedback appointment.

I will not split bills or bill to multiple parties to accommodate separated or divorced parents. In cases of divorced and/or join 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.

Some services provided by Child Development & Neuropsychology Center, Inc. are not covered by insurance. These will not be billed to your insurance, though will be directly billed to the responsible party. These often include, but are not limited to: school observation and consultation, consultation with specialists, parent training, and behavioral management and intervention.

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Insurance Reimbursement. While I am an in-network providers on some insurance panels, I am not for most companies. If I am in-network for your insurance company, and if complete and accurate insurance information is provided to us, we will bill your insurance company for you and do everything we can to ensure claims are paid according to the policies of your insurance carrier.

If you have a health insurance policy, it may provide some coverage for mental health treatment for out-of-network providers. We will not submit a bill to insurance companies for whom I do not have a contract as a provider, but will provide you an invoice that you can use to seek reimbursement on your own.

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. Regardless if we are a provider for your insurance carrier, you are ultimately responsible for payment at the time services are rendered.

You should also be aware that your contract with your health insurance company requires that we provide the agency with information relevant to the services that we provide to you if they reimburse you for our services, including dates of service, procedure codes, and a clinical diagnosis. Sometimes we are required to provide additional clinical information, such as treatment plans or summaries, or copies of your child's entire Clinical Record. 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 carrier.

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

Evaluations that are not canceled 24 hours in advance will be charged a fee of $100. 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. Because only the time that you were in the office face-to-face can be billed to your insurance company, you will be expected to pay the difference in full at the time of your 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 a child's appointment, we will notify the non-requesting parent of the cancellation.

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

Please mark the box below that applies:

☐ Child Development & Neuropsychology Center **IS** an in-network provider with my insurance **AND**:

- ☐ I **WOULD** like to bill my insurance for services provided and agree to pay the remainder due after processing.
- ☐ I **WOULD NOT** like to have my insurance billed for services and agree to pay for services in full out-of-pocket at the time of the feedback appointment. I understand that Child Development & Neuropsychology Center will provide me with an invoice of services should I decide to personally submit for reimbursement to my insurance.

☐ Child Development & Neuropsychology Center **IS NOT** an in-network provider with my insurance and I agree to pay for services in full out-of-pocket at the time of the feedback appointment. I understand that Child Development & Neuropsychology Center will provide me with an invoice of services should I decide to personally submit for reimbursement to my insurance.

_____

Patient's Name

_____ _____

Signature of Responsible Party Date

_____

CDNC Staff