



Testing/Assessment Agreement

Patient Name: _____ Date of Birth: _____

General Information

Testing or assessments are conducted for the purposes of diagnostic clarification and treatment planning. It is often a useful tool in the course of understanding the nature of the problem and to figure out the best way to go about addressing it.

Psychological Evaluations are service provided by a Licensed Psychologist (Doctoral level practitioner). Psychologists can diagnose and provide recommendations for educational needs, fitness of parents, forensic or legal, disability, etc. This evaluation is *NOT* a psychological evaluation.

Assessments conducted by a Licensed Professional Counselor (LPC; Master's level practitioner) provide insight about an individual's various areas of functioning (e.g., emotional, behavioral, and environmental) and help to form a profile that informs the treatment planning process. As an LPC, I conduct evaluations specific to the referral request. If you have any questions about my education or qualifications to perform the assessment, please ask at the intake appointment.

Each assessment tool is specifically chosen to answer the referral question(s). The selection of assessment tools attempts to maximize the validity of the results, while minimizing time and cost. Tests must be properly administered, scored, interpreted, and then a brief summary is written. It can take about 2 to 3 weeks from the time the last test data is received for a written report to be completed.

The assessor conducting the assessment will be: Kim Woodhouse, LPC (Oklahoma license 6955) or Helen Allred, LPC (Oklahoma license 3708) . The practice of Licensed Professional Counselor's is regulated by the State Board of Behavioral Health. The address by which this regulatory body can be reached is: 3815 N. Santa Fe, Suite 110, Oklahoma City, OK 73118. The phone number is (405) 522-3696 and their website is <https://www.ok.gov/behavioralhealth/>

People understandably enter the testing process with many different expectations. However, no diagnosis or outcome is ever guaranteed, and there is no guarantee that patients or other involved parties will be happy with the results (i.e., diagnosis and/or report of patient's functioning). At times, people who have requested testing have not agreed with the results. We will do our best to explain the outcomes of testing. Assessors are bound by ethical and legal standards which prohibit them from deleting or altering information that becomes part of the testing record. If it is relevant to the case, it will go in the report. While we strive to maintain the confidentiality of our patients as required by law, we may be required to provide information to a court as mandated by a judge or as may otherwise be legally required.

Insurance and Financial Obligations

Currently, Poyner Mental Health Services accepts payment directly from some insurance companies. We will make every effort to verify benefits and coverage before services begin and strive to follow the insurance company's requirements and procedures to obtain payment. However, payment from insurance is never guaranteed, even if testing has been preauthorized. The insurance company may not consider certain kinds of testing "medically necessary" or it may not cover testing for certain diagnoses. Even if pre-authorization has been received, insurance may ultimately refuse to pay for any testing services at all or may only pay for a portion of the total amount billed. The patient is always responsible to pay coinsurance, co-pays, deductibles and other amounts not covered by insurance.

If the patient expects to seek insurance payment, *the patient (or the person who has assumed financial responsibility for the patient) is solely responsible* to verify the terms under which psychological or neuropsychological testing services are covered and should communicate those requirements to Poyner Mental Health Services prior to the first appointment. The business website has a guide entitled "Insurance Verification Sheet for Testing/Assessments" which outlines the steps to be followed when calling the insurance company to verify coverage. This completed guide should be returned to Poyner Mental Health Services before scheduling the initial appointment.

Payment and Cancellation Information

We accept cash, checks, most major credit cards, and HSA or FSA funds. We will hold credit card information on file before the first appointment and charge for any outstanding balances, unless an alternate payment arrangement is made.

For out-of-network services and private pay agreements, we will bill the patient the full hourly rate of \$125/hour. In these cases, half of the total charge must be paid by the first appointment and the other half must be paid by the feedback session. Regardless of the results, payment in full is required by the feedback session. Test reports will not be released until the account is paid in full.

If we have a contract with your insurance company, we will not bill for in-network covered services above the rate we have agreed to with your insurance company. The rate varies among different insurance plans. We generally bill insurance at the time of service and the patient (or the person assuming financial responsibility for the patient) is responsible to pay the balance for any services that insurance does not cover, at the contracted rate. Some insurance companies do not make incremental payments for each day that testing is administered. Instead, they pay in a lump sum once the testing and related report have been completed. Please be aware that the insurance claim may therefore only show one date of service which may be the day the report is written and not a day when the patient was seen. The patient must also inform Poyner Mental Health Services if insurance changes or is expected to change during the patient's assessment period. Changes in insurance before testing is complete and a report is written may complicate reimbursement between multiple insurance companies and may cause the patient to be responsible for a greater portion of the bill.

Testing is time consuming and requires us to dedicate large blocks of time for assessment appointments. Consequently, Poyner Mental Health Services charges a Late Cancellation and No-Show fee equal to \$200 for time scheduled for testing. Patients will not be charged for any appointments that are cancelled at least 48 hours (2 full days) in advance or if their appointment time can be filled by another patient. **Patients who fail to arrive as scheduled and have not provided 48 hours' notice will be charged this fee - \$200.00 – if we cannot fill those hours on our schedule.** Additionally, we require a \$100.00 retainer before we will schedule another appointment if a patient has cancelled/no-showed previously, which will be returned if the testing is completed and no balance is remaining.

It is important to note that insurance companies DO NOT provide reimbursement for cancelled or “no-show” appointments so these charges will never be eligible for insurance reimbursement. It will be the patient’s responsibility to pay. To be fair to other patients who could use the scheduled time, Poyner Mental Health Services reserves the right to refer patients out if appointments are missed/cancelled.

A \$30 insufficient funds fee will be charged for any returned checks. The patient will also be responsible for any and all costs associated with collecting outstanding balances for services rendered including referrals to collection agencies, reasonable attorney fees and interest charges.

The patient (or the individual or entity assuming financial responsibility for the patient) should initial and sign below to acknowledge the following:

_____ **I assume total financial responsibility for any testing that is not paid for by insurance for whatever reason.**

_____ I am aware my credit card information will be taken before the first appointment to cover any balance owed, including late cancel or no-show fees.

_____ If there is a late cancellation with less than 48-hours-notice or a no-show for the scheduled testing appointment, I will be charged \$200 (for time reserved) and this cannot be reimbursed by insurance.

_____ Testing services may not be considered “medically necessary,” the diagnosis may not be covered, or the claim may only be partially reimbursed through insurance, which would leave me financially responsible for all uncovered charges.

_____ Testing may require a pre-authorization or referral, and it is my responsibility to find out if this is necessary before services are rendered.

_____ Poyner Mental Health Services is authorized to provide the patient’s insurance company with information the company needs to issue payment.

Choose one:

_____ *I HAVE called the insurance carrier and asked all necessary questions with respect to verifying coverage and pre-authorization and have communicated those findings to Poyner Mental Health Services so they may file an insurance claim for services.*

_____ *I HAVE NOT called to verify coverage for psychological testing with the insurance carrier. I choose to proceed knowing that coverage for services may be denied, should I seek insurance reimbursement, and I may be billed and will be responsible for payment for these services.*

_____ *I choose to proceed without using any insurance, and I will be billed and will be responsible for payment for all services as described above.*

By signing and initialing this document, I acknowledge that I have had the opportunity to read and ask questions about this document and I understand and agree to the information above.

Patient or parent/guardian signature and printed name

Date

Email documents:

poynermentalhealthservices@protonmail.com