Neuropsychology

5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

Developmental Evaluation Fee Agreement: Insurance Patients

Name of Patient: _____

Patient DOB: _____

By signing this form, you are indicating that you understand and accept to the following:

- Developmental assessments are billed in relation to hours spent directly assessing the patient, scoring and interpreting test findings, preparing the evaluative report, and reviewing findings directly with family members. While estimates of the number of hours to be used can be provided at the outset of assessment, the billing will ultimately reflect actual time spent (which could be somewhat less or somewhat more than the initial projection).

- It is your responsibility to disclose at the time of service any and all medical insurance policies the above named patient is covered under. If your insurance company requires prior authorization for developmental assessment services and you did not disclose that insurance at the time of service, we will not bill them directly. If this is a secondary provider for you, there is a chance they will follow suit with your primary insurance and cover any uncovered portions. This is not a guarantee, however. As such, we would always recommend postponing assessment in favor of obtaining formal authorization prior to initiating the assessment process.

- If A-Z Neuropsychology, LLC is contracted with the insurance(s) you disclose, we will bill them prior to attempting to recoup any uncovered portion from you. At the time of service you will be responsible only for designated specialist co-payments and/or for your deductible (specifically, for the amount of the deductible that insurance verification suggests remains for the year).

- You are ultimately responsible for any and all fees not covered by pre-payment or by insurance. There is naturally a delay in the billing process, as all billing is submitted in the aftermath of the feedback appointment (the last appointment) and as insurance companies can take up to several months to respond to claims. It follows, then, that you could be billed for a remaining balance several months or more after you have received the evaluative report. You understand that it is your responsibility to pay that balance or to make an arrangement to do so within a timely fashion with this office.

- Should the billing process render excess funds in your account (e.g., should more of your deductible have been met by the time your insurance claim is processed), you will be issued a reimbursement check for that amount.

I have read the above fee agreement and agree to each of the points listed above. I have also been given ample opportunity to clarify any questions I have and to discuss any points of concern directly with the evaluator before signing.

_____	_____
Patient Signature	Date
_____	_____
Parent/Guardian or Authorized Surrogate Signature	Date
_____	_____
Printed Name of Person Providing Consent	Relationship to Patient
_____	_____
Witness Signature	Date