



ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

PROFESSIONAL FEES

We have the following fee breakdown for services and providers within our office. Our psychologist hourly fee is \$350. A master's level (i.e. LCSW or LMHC) clinician hourly fee is \$250. For the services of any master's level clinician providing services under supervision as a prerequisite for licensure the hourly fee is \$150. Technician administration of tests, or other services rendered in the stead of the psychologist, will have an hourly fee of \$150. The same fee rates will apply for telepsychology as apply for in-person services.

In addition to our hourly appointments, we charge the rates listed above for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any service you may request of your provider.

Self-pay and sliding scale rates for Neurobehavioral Consultants clinicians are dependent upon their educational level, experience, and post-graduate training. The fees range from \$50-\$350. Fees are based on a fifty-minute clinical session and ten additional minutes for administrative purposes. If additional time is needed a prorated session fee will be charged to the client.

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Also, you will be expected to pay for any expenses that the practice may incur during the legal process (travel, our attorney fees, etc).

BILLING AND PAYMENTS

You will be expected to pay for your services at the time they are conducted, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, the practice has the option of using



legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

You (not your insurance company) are responsible for full payment of our fees.

We are no longer paneled with any health insurance company. That means you will not be able to use your in-network benefits to pay for our services. If you are utilizing your out-of-network insurance benefits, upon request, Neurobehavioral Consultants, LLC can provide a receipt (superbill) that you can submit to your insurance company. It is solely the client's responsibility to understand their insurance companies' policies regarding mental health coverage and submission of superbills for reimbursement processes.

It is very important that you find out exactly what services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

You should also be aware that most insurance companies require you to provide them with a clinical diagnosis. Sometimes, you have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

NOTE: We are **NOT** paneled with Medicaid and Medicaid does not cover out of network services. If you are enrolled in Medicaid, then we are not allowed to bill you and require you to pay out of pocket for benefits covered by Medicaid. By initialing here, you certify that you EITHER are not enrolled in



Medicaid, do not have a Medicaid application pending, and are not planning to apply for Medicaid benefits OR you are participating in a service not covered by Medicaid thus not subject to this provision.

_____ Initials *****

ACKNOWLEDGEMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. The undersigned acknowledges that the results of any treatment or services by the psychologist have no guarantee or warranty. The undersigned acknowledges responsibility for the financial obligations accumulated in the course of these services and agrees to pay them promptly.

Patient Signature

Date

Printed Name

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