



Psychological Testing Agreement

Testing Timeline-What to Expect:

- **1st: Appointment - Parent Intake:** Discuss concerns and issues with psychologist. This is a 50 minute (approx.) appointment which is subject to a copay/payment at time of service. (Parents Only).
- **2nd Appointment - Child Intake (depending on your doctor):** Child meets with psychologist (1 week after parent intake). This is a 50 minute (approx.) appointment which is subject to copay/ payment at time of service.
- **Testing Authorization is Requested:** Authorization from insurance company must be in place for testing to occur (this can take up to 2 weeks for approval from insurance company). Your psychologist will submit the authorization request after the first meeting.
- **Testing of Child:** Testing time will vary and if necessary could occur over multiple sessions. The dates and times will be determined by the schedule of the psychologist and patient. Copay/Payment of testing is due at time of testing (note: Only (1) copay required even if several days are needed to complete testing).
- **Test results/feedback with parents:** - Approx. 2 weeks following completion of testing the parents will meet with psychologist to go over the results of assessment. This is a 50 minute (approx.) appointment which is subject to copay/ payment at time of service and not included in the total testing cost. (Parents Only).
- **Report from psychologist:** If requested; report will be emailed to the email provided or mailed following Parent feedback.

Important Information about Testing and Insurance:

- Insurance companies and policies *HIGHLY* vary on which tests they approve and the number of hours they allow.
- **Any tests requested by a family that an insurance company considers primarily for educational purposes (e.g., psychoeducational tests, academic/achievement tests, certain developmental tests, or reading batteries) will NOT be covered under your policy. Our contracts with insurance companies preclude us from filing any educational testing hours. As such, families will be responsible for covering these hours.**
- If you are seeking testing *only* to assess your child's IQ, giftedness or placement in a gifted or other educational program, or court ordered psychological testing, this testing is **NOT** covered by insurance as they are not considered medically necessary. Our self-pay rate for testing is 150.00 per hour.
- Psychological testing & assessment sometimes requires a special authorization from your insurance company. As stated by the insurance companies, this authorization is not a guarantee of payment.
- The authorization for testing does not include the intake or feedback appointments, this will be covered under the patient's therapy sessions authorization.
- If it is felt that certain tests are needed in order to provide an accurate diagnosis for your child but are not authorized by your insurance, and you request the tests to be performed, the additional testing will be billed to you as covered in this Agreement.

Additional Information:

- If testing is completed and a diagnosis is NOT made, your insurance company may not cover the testing even if there had been prior approval or pre-authorization. **You will be responsible for payment if your insurance denies coverage for any reason.**
- **Payment is due in full on the day of testing. If the testing balance has not been paid by the feedback appointment, Pediatric Psychological Associates, PLLC (PPA) reserves the right to postpone the testing feedback session until the full balance due has been satisfied. PPA also has the right to withhold testing reports until payment is made in full.**
- **You will need to have a credit card on file, which will be processed for any outstanding balance due after insurance benefits have been determined. No credit card charges will be made if you have paid all balances due.**
- There are occasions when we are misquoted by the insurance company. You should check with your company to confirm your benefits as you will be responsible for any denials of payment, misquotes, or for services your insurance company decides are not Covered Services.
- Please, discuss any questions or concerns you have regarding the process or payment with our Office Manager or the Psychologist prior to the testing appointment.
- For testing, our office requires cancellations be made 72 business hours prior to the testing time. If testing is not cancelled 72 business hours prior to the appointment or if the appointment is no-showed, you will be charged \$45.00 per each hour that your child was scheduled for testing. This policy is stated in our Professional Services Agreement. The only exception made is when a child has a contagious illness and a note has been provided by a medical doctor.
- The total time requested for the assessment includes: test administration, scoring, interpretation and a written report. **Your child will not need to be in the office for the total time requested. Testing cost is not affected by the amount of time your child is in the office.**

Not Authorized Services

- Your insurance carrier may limit the testing they will authorize as Covered Services. Your treating psychologist has determined the total testing that is needed to reach a full and accurate diagnosis based on the reasons for testing and your child's presenting problems.
- The proposed testing is consistent with the recognized standards of good practice and is, in part, based on the administrative guidelines provided in the manual of the testing company publisher, which are based on national standardization and validation research. The tests and the times are also based on the substantial experience of Pediatric Psychological Associates Psychologists.
- The proposed testing includes administering the tests, scoring, interpreting the results, and completing the written report. You have requested Pediatric Psychological Associates to perform the proposed tests and times even though they may not all be authorized by your Insurance Company as being medically necessary.
- We will communicate the rates for all services Pediatric Psychological Associates provides before testing begins.

We look forward to working with you and your child.

Please sign the attached signature page for our records.

Pediatric Psychological Associates, PLLC
Psychological Testing Agreement Signature Page

Legal Name of Child:
Date of Birth:
Insurance:

Payment is due in full on the day of testing. The amount you will owe for testing will be communicated to you before the testing begins. If the testing balance has not been paid by the feedback appointment, Pediatric Psychological Associates, PLLC (PPA) reserves the right to postpone the testing feedback session until the full balance due has been satisfied. PPA also has the right to withhold testing reports until payment is made in full.

_____ (parent initials)

By signing below, I have read, reviewed, and agree to the Psychological Testing Agreement provided by Pediatric Psychological Associates, PLLC and request the additional testing I will be responsible for, even though my insurance company may have determined that not all the services to be performed are authorized to be covered by my insurance company.

Parent/Guardian

Date

Parent/Guardian

Date

Pediatric Psychological Associates, LLC

Date

You will be notified at the e-mail(s) provided below of the amount that will be due on the day your child is tested.

Name of Parent/Guardian 1:
Relationship to Child:
Preferred e-mail address:

Name of Parent/Guardian 2 (Optional):
Relationship to Child:
Preferred e-mail address: