PSYCHOLOGICAL & NEUROPSYCHOLOGICAL PAYMENT AGREEMENT

Assessment clients with verified health insurance coverage for assessment services agree to abide by the Anderson, Arnold, & Partners, L.L.P. Agreement Regarding Billing and Payment, including payment at the time of service for any co-pays or deductibles. Assessment clients without verified insurance coverage for assessment services are required to pay for half of the approximate cost of the assessment at the time of their initial appointment, given that insurance reimbursement is uncertain without verification of coverage. Lack of verified insurance coverage includes, but is not limited to, cases when clients do not have insurance, when their insurance policy does not cover some or all assessment services, when the psychologist is out-of-network with the insurance company, when clients are insured by an out-of-state insurance company, or when clients have not called their insurance company in advance of the initial appointment to verify coverage for the specific services they will receive from a specific provider. Please be aware that verification of coverage by an insurance company is not a guarantee of payment.

The typical total cost of an assessment is \$2,500-\$3,000, including both in-office visits and time spent by the practitioner on scoring, interpretation, and integration of test results and other data, as well as preparation of a written report. Thus, for clients without verified insurance coverage, \$1,500 is due at the first assessment appointment, and the balance will be collected at the last testing appointment, prior to the feedback appointment. There is some variability in the time required to complete testing, scoring, and report-writing, so it is possible that additional payment may be due or a refund may be given at the time of the feedback appointment. An alternative option to this payment arrangement is to elect to pay out-of-pocket for services at the time of each appointment, which would mean that our office will not submit claims to your insurance company. If you pay out-of-pocket by cash or check, we will also apply a 5% discount to the cost of the services you receive. Our office will reimburse you in full for any pre-payments and out-of-pocket payments for services for which we receive reimbursement from your insurance company. In addition, if you discontinue your assessment before its completion, we will reimburse you for any over-payment or bill you for any balance, depending on the cost of the completed services relative to the amount of your pre-payment.

My signature below indicates that I have re-	ad the information in this Assessment Payment
Agreement, and agree to abide by its terms.	This agreement includes the payment of all fees
incurred during the course of assessment the	at are not yet paid in full by the end of my feedback
appointment.	
Signature	Date