

MICHAEL J. EISENBEISS, PhD.
FINANCIAL AGREEMENT

Carefully read the section in your insurance packet/booklet describing *mental/behavioral* health services and/or call your administrator regarding your individual policy if you have any questions about your coverage. **It is your responsibility to know and understand your benefits!**

For psychological testing: You will be billed \$80 for the first meeting to determine the testing that is required. Depending on the tests needed, the cost ranges between \$900 and \$1200. All test results will be mailed to you.

For Autism Spectrum Disorders testing: You will be billed \$80 for the first meeting to determine the testing that is required. Depending on the tests needed, the cost ranges between \$300 and \$600. All test results will be mailed to you.

LEARNING DISABILITIES: Some insurance companies do not pay for learning disorders. These include, but are not limited to, Dyslexia, ADD, ADHD, and Autism Spectrum Disorders (including Asperger's). Should the testing results reveal a medical diagnosis, we will file an insurance claim for you.

We accept Visa, MasterCard, Discover, money orders, or cashier's checks. **NO PERSONAL CHECKS ARE ACCEPTED FOR TESTING FEES.**

As a courtesy to our clients, we verify benefits prior to your first visits. Payments (deductibles, copays, payments in full where required, etc.) are **due and payable at the time of service**. If you are not able to make the agreed payment at the time of your scheduled appointment, that appointment will be rescheduled to a later time! Please call prior to your scheduled appointment to avoid this inconvenience and to permit scheduling of other clients who need appointments.

As an extended courtesy to our clients, if for any given reason insurance does not pay for the testing portion of our services, we will make every effort to rectify and resolve non-payment for a 120-day period from the date of service. If insurance has not paid in the 120-day period, you will be billed for any remaining balance for services that were provided to you in good faith. You will then be responsible for following up with the insurance company to whom you pay premiums. They need to hear from you, the customer.

PLEASE BE AWARE: Discrepancies in information given by insurance companies when verifying your benefits (i.e. deductible is/is not met, deductible is/is not applied, testing does/does not need preauthorization, etc.) is a rising issue due to so many different plans. Know that we do our best with the information given to us.

Understand that insurance never guarantees payment! You are ultimately responsible for all services rendered.

I have read, understand, and I agree to the above policy and information stated.

Signature of Patient or Patient Representative

Date _____