

MICHAEL J. EISENBEISS, PhD.

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 regarding your coverage. **It is your responsibility to know and understand your benefits.**

You will be charged for three (3) separate visits. 1) The initial office visit for evaluation, 2) the testing, and 3) an office visit to obtain the test results.

As a courtesy to our clients, we verify benefits prior to your first visit. Payment (deductibles and copayments) are due and payable on each date of service. *If you are not able to make the agreed payment at the time of your scheduled appointment, we will reschedule that appointment to another day! Please call prior to avoid this inconvenience.

Due to the discrepancies in information given by insurance companies when verifying your benefits (i.e. deductible is/isn't met or is/isn't applied, testing does/doesn't need preauthorization or is/isn't covered, etc.) and an increase in claims not being paid, we have been forced to change our collection policy for testing to the following:

TESTING FOR LEARNING DISABILITIES: Most insurance companies now do not pay for learning disorders. These include but are not limited to Dyslexia, ADD, ADHD, and Autism Spectrum Disorders (including Asberger's). **We require payment in full for each of the three visits.** Should the testing results reveal a medical diagnosis, we will file your insurance. If and when insurance pays for all three visits, you will promptly be reimbursed.

OTHER TESTING: We require a down payment of one half (1/2) the cost of the proposed testing. If and when insurance does pay for all three visits, you will promptly be reimbursed.

We accept Visa, MasterCard, Discover, money orders, or cashier's check. **No personal checks for the testing costs.**

As an extended courtesy to our clients, if insurance does not pay for any reason, other than deductibles and copayments, we will make every effort in attempts to rectify and resolve non-payment for 120 days (3 months) from the date of filing your insurance. If insurance has not paid after 120 days, you will be billed for remaining amounts due for services rendered to you in good faith. Payment(s) will be expected. 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!*

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

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

Signature of Patient or Patient Representative

Date _____

FINANCIAL AGREEMENT FOR TESTING

!! PLEASE READ !!