231 East 400 South, Suite 335
Salt Lake City, UT 84111
Phone (801) 363-1189
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Financial Agreement

The following represents a summary of professional fees and billing practices. In addition to the fees described below, we may additionally charge for other professional services you may require such as letter and/or report writing, treatment summaries, travel to and from an off-site location, telephone conversations requested or initiated by you, responding to email, attendance at meetings or consultations that you have authorized, or other services you may request.

Professional Practices and Policies

Intake Appointment. All therapy and evaluations, including re-evaluations, require an initial intake appointment to meet the parents/caretakers, collect sufficient history, review previous information provided by parents/caretakers, and assess concerns and questions leading to the request for services. Intake appointments are billed at $385-$625 for a 90-minute meeting with additional time for record review or consultative phone contacts. Insurance carriers do not allow us to bill for multiple intake appointments. If either parent requests separate intake sessions, the requesting parent must pay the second intake appointment fee in full prior to the start of the session.

Evaluation/Assessment. Assessment appointments are billed at $200 per hour. The total amount of time required to assess the child is variable by age, developmental level, and the child's tolerance for testing. There will be a separate appointment to review the results of testing with parents/caretakers, which is also billed at $200 per hour. In addition to intake, face-to-face assessment time and feedback, we will additionally charge for time involving scoring and interpretation of results, report writing, phone calls to teachers, therapists, physicians and other providers, participation in school consultation and review of records. It is difficult to accurately pre-determine the amount of time it will take to thoroughly assess your child. However, we will discuss an estimate of the time required for an evaluation at your intake appointment. Insurance carriers do not allow us to bill for multiple evaluation review appointments. If either parent requests separate evaluation reviews, the requesting parent must pay the second review fee in full prior to the start of the session.

Individual Psychotherapy. Therapy appointments are billed at $175 per 50-minute hour and $225 per 75-minute hour. In addition, your treatment may involve some program development or consultation with other providers. These will be billed at a prorated rate of $150 per hour if needed. We will discuss program development services during the development of the treatment plan.

Consultation. We provide consultation for individuals with schools, therapists, physicians and/or other agencies at a rate of $150 per hour. These services are not typically part of insurance coverage. For this reason, they are provided at a reduced fee.

Legal Proceedings. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Our rate for these services is $350 per hour.

Payment Policy and Billing Practices

We ask that you pay at the time of service for evaluations and therapy. For evaluations, even when we are billing your insurance, **we require a $300 deposit at the time of the intake appointment**. We accept check and cash payments as well as credit card payments. Credit card payment are assessed a 4% transaction fee. If payment is not provided at the time of the intake appointment, the appointment will be rescheduled. We ask that you pay the final balance due at the time of the feedback appointment. You have up to 30 days to pay the final amount due in full, with finance charges that begin to be assessed on the balance due after 90 days. We will not split bills or bill to multiple parties to accommodate separated or divorced parents. In cases of divorced and/or joint legal custody, services will be billed to the parent who signs the Financial Agreement. We will not attempt to collect payment from anyone other than the authorizing parent. If a court order or other agreement requires one parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Some services provided by Wasatch Pediatric Neuropsychology, Inc. are not covered by insurance. These will not be billed to your insurance, and will be directly billed to the responsible party. These often include, but are not limited to: school observation and consultation (IEP/504 meetings), consultation with specialists, parent training, and behavioral management and intervention.

Insurance Reimbursement. While we are in-network providers for many insurance companies, we may not be for all companies. If you have a health insurance policy, it may provide some coverage for mental health treatment for out-of-network providers. We will not submit a bill to an insurance company for whom we do not have a contract as providers, but will provide you an invoice that you can use to seek reimbursement on your own. If we are in-network for your insurance company, and if complete and accurate insurance information is provided to us, we will bill your insurance company for you and do everything we can to ensure claims are paid according to the policies of your insurance carrier.

Remember that you hold the contract with your insurance carrier, and are responsible for understanding the preauthorization and payment policies of your carrier. It is the responsibility of the parent/guardian to contact his or her insurance company to verify eligibility of benefits and to find out exactly what mental health or medical services the insurance policy covers prior to the first appointment. Regardless if we are a provider for your insurance carrier, you are ultimately responsible for payment at the time services are rendered.

You should also be aware that your contract with your health insurance company requires that we provide the agency with information relevant to the services that we provide to you if they reimburse you for our services. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information, such as treatment plans or summaries, or copies of your child's entire Clinical Record. In such situations, we will make every effort to release only the minimum information about your child that is necessary for the purpose requested. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Overdue Accounts

You are responsible for your account and expected to pay for all services you receive at the time services are rendered. In the case of minor children or adults under the care of a legally appointed guardian, the parent or guardian who brings the patient for treatment is responsible for payment.

You have 30 days to pay your account balance in full. Finance charges will be assessed after 90 days. All overdue accounts are subject to a 1.5% monthly finance charge, or 18% annually. The minimum finance charge is $5.00 per month. An additional $15 rebilling fee will be assessed for each month in which no payment has been made, but was expected. The patient or responsible party is accountable for all finance charges and rebilling fees regardless of whether or not the insurance company delays payment.

You will be responsible for attorney's fees and costs or collection agency fees in the event that your account becomes delinquent. This can result in an additional 30-50% of the current bill being added to your total bill. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided and the amount due. Payments returned from your bank due to non-sufficient funds will be subject to a returned check fee of $35.00.

If there is no attempt at payment within 90 days of service, your account will be sent to a collection agency. Patient or responsible party will be held accountable for attorney fees, court costs and collection fees assessed if the account becomes delinquent and is placed with a collection agency.

Appointments and Cancellations

Therapy appointments usually run on a 50-60 minute hour, and evaluation appointments are scheduled in multiple-hour blocks. Your therapy or evaluation appointment may not be extended beyond the scheduled times as a result of your late arrival. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advanced notice of cancellation. You will be billed the full fee for your therapy appointment, even if you arrive late. Evaluations that are not cancelled 24 hours in advance will be charged a fee of $100. It is important to note that insurance companies do not provide reimbursement for missed or cancelled sessions. In cases of divorced and/or joint legal custody, we will assume that both parents have the right to request information about the child's treatment and make or cancel appointments unless otherwise provided by a court order. If a parent cancels a child's appointment, we will notify the non-requesting parent of the cancelation and attempt to reschedule.

My signature below indicates that I have read and understand all of the above policies and have had the opportunity to ask questions which have been answered to my satisfaction.

☐ Yes, I would like Wasatch Pediatric Neuropsychology to bill my insurance for services provided and agree to pay the remainder due.

☐ No, I would **NOT** like Wasatch Pediatric Neuropsychology to bill my insurance. I will pay for services out of pocket and understand that Wasatch Pediatric Neuropsychology will provide me with an invoice of services should I decide to personally submit for reimbursement to my insurance.

______________________________ ______________________________

Patient's name: Signature of patient (if 18 years or older):

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Date Signature of Responsible Party

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WPN Staff