

BILLING AND PAYMENT POLICIES

Insurance Coverage

At this time, providers at Embrace Psychological Services (EPS) only accept Medicare, Cigna, United Health Care, and Aetna insurance. EPS does not currently participate with any other insurance policies, and as a result, does not accept other insurances for evaluation purposes. Clients who are insured under any other insurance plan, and who would like to access our evaluation services, can do so on a Self-pay basis. Self-pay clients will be expected to pay fees in full at the time of service. Payment is accepted via cash, check, or credit card.

If you wish to utilize out-of-network benefits for any of your services, EPS is happy to provide you with an itemized statement and receipt of payment, known as a Superbill. If you have questions about how to utilize your out-of-network benefits, contact your insurance provider as these processes vary by payor, and documentation must be submitted directly from the client to their insurance provider.

Clients with an EPS Participating Insurance

Clients who are covered by Medicare, Cigna, United Health Care, and Aetna health insurance with medical or mental health benefits are responsible for providing a copy of their insurance card(s) – front and back – so that Embrace Psychological Services (EPS) can bill their insurance for services. EPS will verify a client's coverage as a courtesy; however, it is the client's/guarantor's responsibility to make sure EPS has the proper insurance details prior to rendering services.

If a client's insurance company updates that coverage has terminated, you (the client or the client's responsible party) is responsible for providing proper insurance or will be billed the self-pay rate. You accept and agree to pay the self-pay rate if no replacement (and EPS participating) insurance is available or provided within their timely filing period.

Assignment of Benefits (AOB) / Medical Information Release: The AOB is a common practice in healthcare; it is a legal contract that allows a policyholder to transfer their insurance rights to a third party, or assignee (i.e., your doctor). This gives your doctor the right to file an insurance claim for services rendered and collect payments directly from the insurance company without having to involve you. In sum, an AOB allows clients (or their responsible party) to receive medical care, for the doctor and insurance to work out the billing details, and in the event of a disagreement, the doctor and insurance deal with each other.

You (the client or the client's responsible party) are not required to sign an AOB, but failure to agree and sign will result in you paying the entire bill at the time of service and having to file for reimbursement with your insurance on your own.

Our practice will accept Assignment of Benefits (AOB) from a client's insurance company that we are credentialed with based on the following conditions:

1. **Accepting your insurance does not place all financial responsibility onto the practice, and you will be held accountable for any unpaid balances by your plan. This may include, but is not limited to, copays, deductibles, and coinsurance.** EPS strongly recommends that clients check with their insurance plan regarding copays, deductibles, or coinsurance for medical, psychiatric or mental health benefits to understand what may become patient responsibility. A client's claim will process according to their plan. *Please do not assume that you will not owe anything if you have more than one insurance.*
2. Although we are contracted with Medicare, Cigna, United Health Care, and Aetna, our services may not be covered by your particular plan, they may be excluded from the plan, or you may have already reached your maximum benefits. Being referred to our practice by another provider does not guarantee that your insurance will cover our services. *Your provider's referral and our verification of your insurance is not a guarantee of payment.*
3. It is the policy that payment is due at the time of service unless other financial agreements have been made. We require all clients to pay any known copays, deductibles, or coinsurance amounts at the beginning of each visit. At the conclusion of the client's visits, there may be billing for any outstanding balances after the insurance is processed. If there is a credit, the client will be provided a refund.

4. If, for any reason, the client's insurance company reimburses the client/guarantor of the policy and not the provider, the client/guarantor is fully accepting the responsibility to sign over the check and send it to Embrace Psychological Services if this was paid directly to the client/guarantor in error. Any checks a client/guarantor receives from their insurance are intended for provider reimbursement. If you are not aware of what the payment is for, contact your insurance.

Credit Card Policy

You (the client or the client's responsible party) will be asked for a credit card prior to your first appointment and the information will be held securely. You (the client or the client's responsible party) will always have the option to pay fees using another payment method, if you do so in a timely manner. Charges to the credit card will be determined in the following manner:

Evaluation Fees associated with Testing: If the evaluation is being completed as Self-Pay, payment is generally split, with approximately half of the anticipated fee due on the first testing session and the remaining balance due at the Feedback session. If the evaluation is being covered by insurance, and you have accepted Assignment of Benefits, any known copays, deductibles, coinsurance, or other patient responsibility amounts will be charged to the credit card on file at the time of service; any additional patient responsibility amounts that are determined by insurance after the claim has been processed will be charged to the credit card on file at the time the claim is received and processed by EPS. If the evaluation is being covered by insurance, and you have not accepted Assignment of benefits, all of the fees associated with the services rendered on the appointment date(s) will be charged to the credit card on file at the time of service.

No Show or Late Cancellation Charges: These charges are generated by your provider if you fail to show up for a scheduled appointment, or if you do not give adequate notice (48 hours) for canceling an appointment. If you incur such a charge, your credit card will be charged automatically.

Returned Checks: A \$35 fee will be charged for any checks returned for insufficient funds.

Professional Fees

I. Neuropsychological and Psychological Evaluations

Neuropsychological and Psychological evaluations are a time-extensive process taking anywhere between 4-12 hours of your provider's time (depending on the number of tests administered and the complexity of the referral question) per client to complete the procedures identified below:

- Initial Consultation
- New Client Intake Forms
- Intake Interview
- Testing Session(s)
- Additional Information Outreach
- Scoring, Interpretation, and Report Writing
- Feedback Session: 2-3 weeks after the *last* testing session
- Evaluation Report

Unless you have an EPS participating insurance (i.e., *Medicare, Cigna, United Health Care, and Aetna*), Self-pay Fees apply for Neuropsychological and Psychological evaluation services, and are generally as follows:

Initial Intake Interview	\$100
Direct Intellectual Disability Focused Evaluation (Intelligence and Adaptive Testing)	\$1000
Neurodevelopmental and Neuropsychological (Intellectual Disability/ADHD/Autism Testing)	\$1500
Psychological Evaluation (Social-Emotional Testing)	\$1250
Learning Disability Evaluation	\$1500

(Intelligence and Achievement Testing)	
Integrated Evaluation (Neurodevelopmental and Neuropsychological with Psychological Evaluation)	\$2000

EPS reserves the right to adjust these fees at any time in the future. The figures above are estimates only, to help with your planning. The type and scope of the evaluation will be determined during the Intake Interview so that a firm fee is determined for Self-pay evaluations. If the fee is beyond your means, options to streamline the assessment can and should be discussed, including doing fewer tests or other arrangements. Payment is generally split, with approximately half of the anticipated fee due on the first day of testing, and the remaining balance due at feedback. Please feel free to discuss other payment options. The final report copy will be released to the client (or client's responsible party) via an upload within the client portal after all fees have been collected. Alternative means of report delivery, such as email (with password protection), can also be arranged. At this time, we will not mail reports in order to maintain the utmost security of their information.

II. Consultation Services

Consultation services are not typically covered by insurance. EPS will verify a client's coverage as a courtesy; however, if the service is not covered (and particularly when EPS does not participate with the client's insurance), a consulting retainer will be established for the predicted total cost of a consulting service. A retainer is a fixed sum of money, paid in full, upfront, to hire a consultant for an allotted period.

Consultation Fees: EPS consultant fees are \$150 per 60-minute sessions.

Pay for Work Retainer Process: An EPS consultant will generate a Retainer Agreement (contract) with the work that will be provided and delivered, the value and benefits of the work, the fees, and other pertinent contracting procedures. The consultant will send a draft document to the client, make any necessary changes based on feedback from the client, and provide a final copy with the signatures of all involved parties.