

## BILLING AND PAYMENT POLICIES

### Insurance Coverage

At this time, providers at Embrace Psychological Services (EPS) only accept Cigna, United Healthcare, Aetna, and Blue Cross Blue Shield (Carelton) 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.

**NOTE:** We are not credentialed with Medicaid. Individuals with Medicaid as a primary or secondary insurance must disclose this information during registration procedures (in accordance with the Colorado Department of Health Care Policy and Financing, "A Medicaid member has the primary responsibility for disclosing all coverages in which they are enrolled"). Clear communication of insurance coverage can help our practice determine how to best support a non-credentialed insurance situation.

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 Cigna, United Healthcare, Aetna, and Blue Cross Blue Shield (Carelton) 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 and notify of details related to payments and any out-of-pocket amounts.

It is the client's/guarantor's responsibility to make sure EPS has the proper insurance details prior to rendering services, and if any related out-of-pocket amounts from the verification process cannot be satisfied in a timely manner (i.e., completion of services). Payment plans can be coordinated if there is financial need, and they will be subject to an interest rate of 3.5% per month based off the original balance.

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 Cigna, United Health Care, Aetna, and Blue Cross Blue Shield (Carelton) 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** (e.g., at the Feedback Session appointment for Evaluations) **unless other financial agreements have been made**. We require all clients to pay any known copay 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 such as deductibles or coinsurance amounts.
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: 3-4 weeks after the *last* testing session
- Evaluation Report

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

Initial <b>Diagnostic Interview</b>	\$100
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Direct <b>Intellectual Disability Focused</b> Evaluation (Intelligence and Adaptive Testing)	\$1000
<b>Psychological</b> Emotional-Behavioral Evaluation (Anxiety/Depression and Personality Testing)	\$1200
<b>Learning Disability</b> – Dyslexia/Dyscalculia/Dysgraphia (Intelligence, Executive Functioning & Achievement Testing)	\$1500
<b>Neurodevelopmental and Neuropsychological</b> (ADHD/Autism Testing)	\$1800
<b>Integrated</b> Evaluation (Neurodevelopmental and Neuropsychological with Psychological)	\$2000
<b>Comprehensive</b> Evaluation (Neurodevelopmental and Neuropsychological with Psychological & Learning)	\$2500

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. Therapy Services

Therapy is usually covered by insurance, and 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), this service will be charged at a self-pay rate of \$125 per 50 minute appointment.

## III. 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), consultation fees will be collected at an hourly rate by the conclusion of a provided service. *To provide clients with the best level of consultative care, availability for this service depends on current caseload.*

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