PSYCHOLOGICAL TESTING

Psychological testing involves the administration and scoring of various instruments. This enables a clinician to determine various aspects of an individuals' functioning in a manner that provides information in an efficient manner. It may provide objectivity or information that may not be available through interview procedures.

Most insurance companies treat psychological testing differently from therapeutic services and diagnostic interviews. Their procedures vary greatly from company to company, making it difficult to determine what benefits will be reimbursable. Separate authorizations are often necessary. This may delay the administration of the testing. In addition, insurance companies my not cover specific tests or testing done for certain purposes.

Furthermore, psychological testing must be billed by the hour. Many insurance companies arbitrarily determine the amount of time certain testing will take. The actual time involved may be significantly different, creating a discrepancy between the actual testing time and the number of hours allowed. This may also result from individuals who work significantly faster or slower than the average. Testing must be done based on the pace of the individual to obtain optimal results. The number of hours allowed may not include time for scoring and interpreting the tests or writing a report to a third party.

Because of these factors, you need to be aware of the following:

1. A separate authorization from your insurance company may be necessary to obtain reimbursement for testing services.
2. Obtaining such authorization may delay the testing services.
3. The number of hours authorized may differ from the number of hours actually required by the clinician to complete the testing and to score and interpret the results.
4. Some or all of the testing may not be covered.
5. Providing the test results to you or another party may be delayed pending a determination of reimbursement by your insurance company.
6. Certain test scoring fees are not covered by insurance companies.
7. **There is a $30 testing materials fee not covered by insurance, due prior to the start of testing.**

As a result of the above, we request that you decided on a course of action from among the following:

[   ]   I would like the testing to be done as soon as possible. I will be personally responsible for all testing charges that are not reimbursed by my insurance.

[   ]   I agree to pay for up to _____hours of psychological testing that may not be covered by my insurance. Please consult me before exceeding that amount.

[   ]   I wish to wait until my insurance company determines how many hours of testing will be reimbursed before beginning the testing.

[   ]   I do not want testing done which exceeds the authorization from my insurance company. I understand that this may cause a delay in the testing and limit the information obtained. The results may not provide my clinician with all the necessary information for the desired purpose. I have discussed the consequences of this choice with my clinician.

If the test results are to be sent to a third party and we have not received payment or a guarantee of payment, the report of test results to the third party may be delayed. If you desire to have the results sent as soon as they are available, you will need to pay the account balance. Any reimbursement from your insurance company that is received after you have paid in full will be reimbursed to you. Therefore, it is necessary to advise us how to proceed:

[   ]   Please provide the test results to me or a party I designate as soon as they are available. I will pay the outstanding balance prior to the results being given to myself or my designee.

OR

[   ]   Please hold the results pending the determination of any reimbursement from my insurance company. I will then pay the balance due in order to have the results released.

I have read and understand the above policies regarding the psychological testing for

_____.
(Patient's name)

_____   _____
Client, parent or legal guardian   Date

psych testing form.2.8.17

2