



Clinical Pediatric Psychology & Neuropsychology
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Important Information Regarding Neuropsychological Testing Services and Fees

Thank you choosing our practice for pediatric neuropsychological evaluation services. Please note that all fees are related to the amount of time required to complete an evaluation.

The amount of actual face-to-face testing time in our offices varies from patient to patient, based on the reasons for referral, and the patient's age and speed of performance. Typically, testing is scheduled over the course of several separate sessions, and is usually six to ten hours of face-to-face testing time for children ages 6 to 18, and four to six hours for younger children aged zero to five. These hours may vary depending on how your child works, as well as the presenting issues. We also bill additional hours subsequent to the actual testing that comprise an evaluation, to cover the time and cost for report writing, scoring and interpretation, and extended contact with schools or other professionals. Please note that time billed for scoring, interpretation and report writing alone can range from 12-15 hours, as comprehensive neuropsychological assessments require this amount of scoring, interpretation and report writing time, due to the amount of information to be covered, and the length of the report.

Our practice uses a deductive approach to assessment. In other words, everyone does not get the same battery of tests. Instead, the choice of tests used is customized to your child's presenting issues. In addition, we examine the results of testing after each testing session, and it is then determined what additional tests your child requires as we review current results. We will initially make a recommendation for the number of hours needed for assessment, but then will notify you throughout the course of testing if we think more (or less) is required. Please note that due to the length and detail included in our reports, the report will typically be available **4-6 weeks after your feedback session.**

Families that ask us to bill their insurance for evaluation services are, in keeping with the benefits of the particular insurance product they have chosen, most often responsible either for co-pays or for those portions not covered by insurance. **Families should contact their insurance company to determine coverage, as insurance is always a contract between you and your insurer, and our practice cannot be responsible for claims processing or claims payment by your insurer. You as the guarantor, and not your insurer, are always ultimately liable for payment on your account to Neurodivergent Minds, PLLC.**

Please note that insurers which require pre-certification for testing services often do not authorize enough hours to cover what is needed for a complete/comprehensive assessment. In these cases, you may incur out-of-pocket costs if you want a complete assessment and/or a written report of the test findings and recommendations.

Neurodivergent Minds, PLLC requires that patients pay at the time of service. **Neurodivergent Minds requires that the balance of charges on your account is paid in full before your testing report is released. We require a valid credit card number on file in our office to cover costs of co-pays, deductibles, or out-of-pocket expenses not covered by insurance. Please be prepared to provide a valid credit card at the initial appointment. This ensures that we are able to release the written report in a timely manner and also attend school meetings as needed, as insurance companies often take up to 60 days to process claims.**

By signing below, I agree that I have read, understood, and agreed to the terms of this document. Thank you.

Signature

Date

Printed Name

Child's Name