

Financial Responsibility & Payment Policy

Quick Summary: What You Need to Know

- A **25% deposit** is required at scheduling to reserve your appointment
- The **remaining 75%** is due on the day of the intake interview
- Cancellations require **72 hours (3 business days)** advance notice



Financial Responsibility

You are financially responsible for all services rendered by Pediatric Neuropsychology Associates PLLC. By scheduling services, you agree to the payment terms outlined below. Payment policies apply to both in-person and virtual appointments.

Evaluation Fee Structure

Fees for evaluation services are structured as follows:

- Parent/legal representative/child intake interview: \$250
- Testing session:
 - Comprehensive Neuropsychological Evaluation: \$2,000
 - Early Childhood / Neurodevelopmental Evaluation: \$1,500
- Feedback session: \$250

Total Evaluation Fees

Comprehensive Neuropsychological Evaluation	\$2,500
Early Childhood / Neurodevelopmental Evaluation	\$2,000

Deposit and Payment Schedule

A valid credit or debit card must be placed on file at the time of scheduling.

A non-refundable payment equal to 25% of the total evaluation fee is required before appointment dates will be scheduled. Once this payment is received, appointment dates will be confirmed and reserved.

If you need to reschedule, the deposit may be applied to a future appointment date provided at least three (3) full business days (72 hours) advance notice is given, in accordance with the Late Cancellation and No-Show Policy below.

When	What	Amount
At Scheduling	25% Deposit (Comprehensive)	\$625
At Scheduling	25% Deposit (Early Childhood)	\$500
At Intake Interview	Remaining Balance (Comprehensive)	\$1,875
At Intake Interview	Remaining Balance (Early Childhood)	\$1,500

The remaining balance (75%) is due on the day of the parent/legal representative/child intake interview, which marks the beginning of services for the evaluation. If the remaining balance is not paid by the day of the intake interview, Pediatric Neuropsychology Associates PLLC reserves the right to cancel the appointment and any subsequent evaluation services.

Accepted Forms of Payment

Accepted forms of payment include cash and credit card. All credit card payments must clear prior to the parent/legal representative/child intake interview being conducted.

Insurance and Reimbursement

Pediatric Neuropsychology Associates PLLC is an out-of-network provider. You acknowledge and accept full financial responsibility for services rendered regardless of whether any portion is reimbursed by the patient's insurance.

The practice does not bill insurance directly. Upon request, a superbill will be provided for you to submit to your insurance carrier for possible reimbursement.

It is your responsibility to verify out-of-network benefits, obtain any required authorizations, submit claims, and follow up with your insurance company.

Insurance coverage varies. Many insurance plans only cover neuropsychological testing if it is considered medically necessary to establish a diagnosis. Academic or educational assessments are frequently not covered.

Insurance providers may request information such as the provider's NPI number and commonly used assessment codes, including but not limited to: 96116, 96132, 96133, 96136, and 96137.

What to Ask Your Insurance Company

- Do I have out-of-network mental health benefits?
- What is my deductible, and has it been met?
- What percentage of out-of-network charges are reimbursed?
- Is prior authorization required for neuropsychological testing?
- Are there limits on the number of testing hours covered?

Common CPT Codes for Insurance Submission

96116 • 96132 • 96133 • 96136 • 96137

NPI and additional information available upon request

Appointment Scheduling and Courtesy Expectations

Appointments scheduled at Pediatric Neuropsychology Associates PLLC are specific time slots reserved exclusively for your family. Neuropsychological evaluations require extended, dedicated blocks of time that cannot easily be reassigned on short notice.

Every effort is made to accommodate scheduling needs. In return, families are expected to keep scheduled appointments, arrive on time, and provide advance notice if an appointment cannot be kept.

When appointments are missed or cancelled without sufficient notice, that time cannot be offered to another family, and other children waiting for services are directly affected.

For this reason, advance notice of cancellations is essential to ensure fairness, efficient scheduling, and continuity of care for all families served by the practice.

Late Cancellation and No-Show Policy

■ Important: Cancellation Policy

Cancellations require **72 hours (3 full business days)** advance notice.

Late cancellations or no-shows incur a **50% fee** of the applicable service.

If you cancel or fail to attend a scheduled appointment without providing at least three (3) full business days (72 hours) notice (excluding weekends), a late cancellation or no-show non-refundable fee equal to 50% of the applicable service fee will be charged.

Any prior payments made toward the scheduled service will be applied toward the 50% late cancellation or no-show fee. Prior payments are credited against the late cancellation or no-show charge rather than charged in addition to it. Any remaining balance of the 50% fee will be due.

For evaluation services, the applicable service fees are allocated as follows, and 50% of the missed service or services may be charged:

Parent/legal representative/child intake interview

50% = \$125

Testing session

Comprehensive Neuropsychological Evaluation: 50% = \$1,000

Early Childhood / Neurodevelopmental Evaluation: 50% = \$750

Feedback session

50% = \$125

If illness or an emergency occurs, a medical or professional note must be provided within 30 days of the missed appointment to be considered for a refund of the no-show fee.

In cases of inclement weather, appointments may be cancelled with less than the required notice only if the local school district is closed and the practice is notified prior to the scheduled appointment time.

Appointment reminders by email, text, or phone are provided as a courtesy only. Failure to receive a reminder does not waive the late cancellation or no-show fee. It is the family's responsibility to track all scheduled appointments, whether in person or virtual.

Authorization to Store and Charge Payment Method

I authorize Pediatric Neuropsychology Associates PLLC to securely store my credit or debit card information on file and to charge this payment method for amounts due in accordance with this Financial Responsibility and Payment Policy, including evaluation fees, late cancellation fees, no-show fees, and any outstanding balances authorized by this agreement.

I understand that charges will not exceed the amounts disclosed in advance and that I may request receipts or billing clarification at any time. I understand that I may update or change my payment method by contacting the practice.

This authorization remains in effect until services are completed or until I revoke authorization in writing, subject to any outstanding balances.

Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement.

Parent or Legal Representative Acknowledgment of Receipt and Review (for Minors or Individuals Lacking Legal Capacity)

I acknowledge that I have received, read, and understood the Financial Responsibility & Payment Policy of Pediatric Neuropsychology Associates PLLC. I accept full financial responsibility for services rendered and understand the payment, cancellation, and insurance policies described above.

Printed Name of Parent/Legal Representative:

Signature of Parent/Legal Representative:

Date:

A copy of this signed form will be retained in the patient's health records.

For Office Use Only

Date Received:

Received By:

Staff Role:

Filing Method: Paper File Digital File Both

Notes: