

Informed Consent: privacy, testing, and payment

** indicates a required field*

HIPPA Privacy Policy

* I have received the information regarding the privacy policy of Piece By Piece: Neurobehavioral Services. I grant Piece By Piece: Neurobehavioral Services to communicate pertinent medical information and practice announcements with me via telephone, mail, and email. I understand that no personal information will be released to outside sources without my expressed written consent, in accordance with federal law.

Testing Process

* Psychological or Neuropsychological testing is a multi-step process: 1. You will initially speak with the doctor for an interview to determine current concerns and gather background information. 2. The doctor will then select a series of tests, interactive puzzles and ratings forms, and administer the tasks either directly or with use of a highly trained technician. 3. The results are then compared to others of similar age, gender, and education. 4. The report is written by the doctor. 5. The results and report are reviewed and provided during a follow-up or feedback session, typically within 2-3 weeks of the testing date. Testing does not guarantee a result or a diagnosis.

Agreement to pay for services

* Testing costs approximately \$4000. If using insurance, your insurance company has a negotiated reduced rate and will likely cover most of the testing once your deductible is met. Coinsurance, copays, and academic testing are generally not covered by insurance companies. **IT IS YOUR RESPONSIBILITY TO KNOW YOUR INSURANCE POLICY.** Prior to beginning, your benefits will be checked and explained as a courtesy. However, that is not a guarantee of coverage and you are advised to contact your insurance company directly to confirm your benefits. Signing indicates you have read and understand your responsibility insurance.

* Outstanding balances will need to be paid before the evaluation is finalized. You may pay your anticipated portion or wait until insurance has paid to obtain the finalized results. Please know, **WE MUST DO THIS TO ABIDE BY THE RULES OF YOUR INSURANCE.** If we do not collect full payment, it is considered insurance fraud. Preliminary results can be provided if needed to guide treatment. Signing indicates you understand your report will not be finalized until all balances or estimates of balances are paid.

* No Surprise Act: If NOT using insurance, full fee self-pay rates for full neuropsychological evaluations are \$2500 without academic testing and \$3000 with full academic testing. A sliding scale is available and rates can be adjusted based upon age and services requested. If a change in fee occurs, fees will be determined and confirmed in email before testing begins.

* I agree to pay for the services received. I assume responsibility for any fees the insurance does not cover due to deductible, copays, or coinsurance or lack of insurance coverage at time of testing. I agree to allow the Anthony Tucci PHD to release pertinent information to third parties for billing and payment purposes.

* I agree to use my credit card on file to cover copays, and copays will be automatically charged following each applicable meeting. If, upon submission to my insurance and return of an explanation of benefits, a portion is not paid by insurance due to coinsurance or unmet deductible, I authorize my card on file to be charged.

* In the case I have not met my deductible and/or insurance does not cover testing (either partially or fully), I prefer to make payments (please mark only one):

* Prior to my follow-up with the provider

* After the clinic receives the final balance from the insurance

* NO SHOW NOTICE: I agree to call 630.705.3060 at least 24 hours before my appointment to cancel or reschedule if needed. Given the testing appointment takes the majority of the day and a time will be reserved specifically for me or my family member, I agree that if I cancel my appointment less than 24 hours before testing is to begin or if I do not attend my appointment, my card on file will be charged a \$200 late cancellation/no show fee. If a true emergency or illness occurs, that fee can be applied to a later appointment or refunded with documentation of the illness or emergency.

* ACADEMIC TESTING: Insurance companies DO NOT consider academic testing to be medically necessary. If academic testing is needed or requested, there will be an additional out of pocket expense of \$200 for brief assessment to \$400 for a comprehensive academic assessment.
