

Saasha Sutera, Ph.D.

Licensed Clinical Psychologist

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PROFESSIONAL FEES

The fee for a comprehensive psychological evaluation is \$_____. This is to be paid in two parts: a deposit of 50% (\$_____) payable before the start of this (these) services, and a second payment of the balance due on the completion and delivery of any report.

The fee above includes initial consultation, administration of testing, scoring and analysis of results, writing of the report, feedback session, and one consultation (or attendance at a PPT meeting) with your child's school, if requested, within a year of the date that the assessment is completed. If you request additional services, the hourly fee is \$_____. For periods of less than one hour, this fee will be prorated. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

BILLING AND PAYMENTS

You will be expected to pay for the evaluation at the time of service. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am considered an out-of-network provider. If you would like to consider reimbursement from your insurance company, it is advised that you contact them and ask if they provide out-of-network coverage for psychological testing. The CPT code for psychological testing for insurance billing purposes is 96101. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment at the time of service. After you pay in full, I will provide you with a receipt which includes the CPT code and the diagnosis code, along with my state licensure information, which you can submit to the insurance company for reimbursement. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan

administrator. It may be necessary to seek approval for psychological testing before the first appointment. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

FEE AGREEMENT

I agree to the fee of \$_____. This is to be paid in two parts: a deposit of \$_____ payable before the start of this (these) services, and a second payment of the balance due on the completion and delivery of any report. Though my health insurance may repay me for some of these fees, I understand that I am fully responsible for payment of these services.

Patient Signature

Date

Parent/Guardian Signature (if needed)

Date