



## NEUROPSYCHOLOGICAL AND/OR PSYCHOLOGICAL TESTING AGREEMENT

All neuropsychological and psychological testing requires pre-authorization from the client's insurance company. If neuropsychological and/or psychological testing is not preauthorized, the insurance company will not pay for the testing. Each insurance company has specific forms they require the clinician complete and fax to them requesting preauthorization for neuropsychological and/or psychological testing. The information required by the insurance company is obtained by the clinician during the Initial Diagnostic Evaluation and then faxed to the insurance company by the clinician. Depending on the caseload of the insurance company, pre-authorization by the insurance company may take up to two weeks after the Initial Diagnostic Evaluation, sometimes longer.

After Meier Clinics receives pre-authorization from the insurance company, neuropsychological and/or psychological testing, we will call you to schedule the testing; we do not schedule testing prior to receiving the authorization. Certain diagnostic categories, such as learning disabilities (for example, the diagnosis of dyslexia), are not covered by any insurance company. Some insurance companies deny authorization or payment for certain diagnoses, since the insurance company policy does not cover that diagnosis or deems the neuropsychological and/or psychological evaluation not medically necessary. In some cases, insurance companies may only authorize a limited number of hours of testing and any additional testing services provided will be denied as unauthorized or medically unnecessary. At the time we schedule your appointment for testing, we will let you know what the insurance company has approved. However, please note that authorization for testing by your insurance company does not guarantee payment by the insurance company. If your insurance company does not pay for the testing as quoted and/or you agree to testing beyond the number of hours they have authorized, you will be responsible for payment of all charges.

I agree to be responsible for all charges for neuropsychological and/or psychological testing not covered by my insurance company including testing they deem medically unnecessary or that exceeds the number of hours they deem necessary. I acknowledge that Meier Clinics will fully disclose the quote of benefits to me prior to the testing and that the decision to have all or a portion of the testing recommended, both that quoted as covered by my insurance and that quoted as not covered by my insurance, is solely my decision and responsibility.

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Client Name

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Client/Guarantor Signature

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Date

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Meier Clinics Staff Witness