



**Supplemental Billing Agreement Regarding Insurance Reimbursement**

At times, insurance companies do not fully reimburse psychological testing services, *whether your clinician is an in-network or out-of-network provider*. There are two main situations when this occurs: 1) the insurance company does not consider psychological testing “medically necessary” for “experimental” or “investigational” diagnoses. Diagnoses considered “experimental” or “investigational” vary depending on the insurance carrier. Another situation is 2) when insurance companies reimburse fewer hours than billed. For example, some insurance companies only reimburse up to 12 hours of psychological testing, whereas 15-20 hours are typically billed for a full evaluation.

**It is your responsibility to verify coverage with your insurance company prior to consenting to services.** While we make every effort to verify benefits and coverage prior to beginning services, you are ultimately responsible for knowing your coverage and for all charges. Please let us know if you have questions or concerns in this area.

Most insurance companies require that you be informed of the reason testing hours or services were denied or deemed not medically necessary. Below are listed several potential reasons.

**Please check each box to indicate that you were informed of these reasons:**

- Testing services are considered “experimental” or “investigational” for the diagnosis
- Educational/Academic testing is not typically covered under your plan
- Psychological testing requires a pre-authorization or referral
- Psychological testing is covered only up to a certain number of hours

Your signature below indicates that you have read this document and agree to pay for all psychological testing and evaluation services, **even those not reimbursed by your insurance carrier. Note that for in-network services, you will never be billed more than my contracted hourly agreement (per hour of service) with your insurance carrier.** For out-of-network services, you may be billed the full hourly rate for services (\$130/hour).

*By signing below, I am indicating that I understand and agree to the information above. I am agreeing to be “balance billed” for any hours not approved or reimbursed by my insurance company, whether in-network or out-of-network, for services rendered by Colorado Center for Assessment & Counseling. My signature indicates that I have called to verify coverage for psychological testing with my insurance carrier. If I did NOT call to verify coverage, then I choose to proceed knowing that services may be denied and that I will be billed for these services.*

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Client or parent signature

Date

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Client or parent printed name

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Therapist signature

Date