

## FINANCIAL INFORMATION FOR PSYCHOLOGY CLINIC PATIENTS

### How are our charges calculated?

Basic charges for psychological assessments vary depending on the amount of time involved and the nature of the specific procedures employed in the evaluation. Fees for assessments can include those related to time spent reviewing records, administering, scoring, and interpreting tests, interviewing (patients and/or family members), preparing a report of the assessment findings, and providing feedback as necessary. Basic charges for treatment are dependent on the time spent in session (e.g. range of 20-90 minutes with typical time being 45-50 minutes). If you have concerns about the costs of your visit or would like to obtain an estimate of the costs for your session(s), please call the Financial Assistance Counselor at the phone number below for assistance.

### What Insurance(s) Do We Accept?

**MEDICAID:** Our services **are not** covered under **MEDICAID, MEDIPASS, and SHARE OF COST**. If you have Medicaid, please contact the clinic for special instructions.

**AGENCIES:** Many patients seen for evaluations are sponsored by various agencies such as Children's Medical Services, Worker's Compensation, HRS, and so forth. In such cases, the cost of the evaluation may be paid for by these agencies. Patients seen for assessment who do not have insurance coverage for mental health services, or who are not covered by some other third party payer are required to pay for service at the time they are seen.

**INSURANCE:** To help us determine the degree to which your current insurance company covers our charges, we ask that you please complete the enclosed insurance information form and bring it in with you to your appointment. We also highly recommend you contact your insurance company directly for mental health benefit information such as co-pay amount, deductible amount and which services or diagnoses are covered and non-covered.

**BCBS OR SOME HUMANA PATIENTS:** Please call **Mental Health Network** at 1 800-835-2094 as Mental Health Network requires their members to call them to obtain the authorization number for the initial authorization.

### What Are Our Payment Policies?

Patients that have insurance are expected to make the required co-payments (as dictated by their policy) at each visit.

Therapy patients without insurance are expected to pay the agreed upon fee per session at each visit.

### How To Contact Us?

To further assist you in handling financial matters associated with receiving Clinic services, we will arrange for you to speak with the Financial Assistance Counselor for our clinic prior to being seen on the day of your appointment. Our Financial Assistance Counselor can be reached at (352) 265-0294, between the hours of 8:00am and 5:00pm, Monday through Friday. Should you have questions regarding financial matters prior to the time of your appointment, please feel free to contact us.

**Please note that some insurance companies (especially HMO's) require precertification or prior authorization for coverage of psychological services.** This means that you will need to obtain their approval to use your benefit before they will agree to pay for the service. **If this is the case, you will need to check with your insurance company prior to your visit to be certain that costs for our clinical services will be covered.**