

RT Neuro, PLLC

49 Waltham Street, Second Floor

Lexington, MA 02421

888-695-7775

## **PRACTICE POLICIES:**

**APPOINTMENTS AND CANCELLATIONS.** Our fees are \$4900 for Comprehensive Neuropsychological Evaluation. Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours. All fees are due at time of service.

## **BILLING & INSURANCE PROCEDURES**

### **PAYMENT POLICY**

- You are welcome to pay your invoice at any time prior to your first appointment.
- On the day of your intake appointment, if payment has not been received, the card you have on file will be charged.
- If payment information cannot be secured one week prior to your testing appointments, the assessment will be canceled or rescheduled.

### **INSURANCE POLICY**

- Our office accepts Blue Cross Blue Shield (BCBS). If you have BCBS, it is important that you complete the INSURANCE DETAILS section of the Demographics Form that follows.
- If you do not have BCBS, you do not have to complete this section. If you request, we will provide you with a detailed receipt that will help you seek reimbursement for part of the evaluation cost. NOTE:

Our office policy is to generate this receipt once all appointments are completed (as this is required by most insurance companies).

## **ADDITIONAL COSTS FOR OUT OF SESSION CALLS**

All additional time spent outside of direct client work will be charged at a rate of \$50 for every 15 minute increment. Additional time includes:

- Handling of insurance reimbursements, phone calls, and paperwork to/with insurance companies.
- Calls to the client: Any
- Calls to family members: Sometimes additional information from family members is required, especially if the client is a child.
- Case consultation between provider: A documented meeting of at least 15 minutes' duration, either in person, by telephone, or mail between the treating provider and other behavioral health/medical clinicians or physicians, concerning an individual who is a client of the behavioral health provider.
- Collateral contact: This is a call to a person with a source of information that is knowledgeable about the client's situation and serves to support or corroborate information provided by a client. That person would include, but is not limited to, school and day care personnel, state agency staff, human services agency staff, court appointed personnel, religious/spiritual leaders, and/or other community resources (in-other-words, collateral contacts are between anyone else in the client's life who is not a provider). It is also a documented meeting of at least 15 minutes' duration, not only by phone but also in person, or mail.

## **SOCIAL MEDIA AND TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site

(Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise their confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. By signing this consent you agree to be placed on the Riser and Tread Listserv. This Listserv will be used to communicate upcoming events, news, closings, etc. You may at any time unsubscribe from said Listserv by notifying support@riserandtread.com.

**MINORS** If you are a minor, your parents may be legally entitled to some information about the services you received. We will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

**TERMINATION** Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Parent/Guardian #1

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I  
HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS  
CONTAINED IN THIS DOCUMENT.

Parent/Guardian #2