

19415 Deerfield Ave, Ste. 101, Lansdowne, Virginia 20176  
Phone # 703-659-1433 / Fax # 703-723-7222

## SERVICE AGREEMENT

### OUR PSYCHOLOGICAL EVALUATION SERVICES:

Youth For Tomorrow offers a broad scope of psychological evaluation services on an outpatient basis to children ages 7 and up, and to adults. Our services are designed to meet the needs of individuals and families from diverse backgrounds. Psychological evaluation is offered to assist in diagnosis of a variety of problems including autism spectrum disorders, attention deficits, intellectual disabilities, anxiety, depression, mood disorders, serious mental illness, personality disorders, and behavior problems.

### GENERAL OFFICE PRACTICES:

- **Emergencies**

Please note that Youth For Tomorrow Behavioral Health Services is not an emergency service. If you are experiencing a mental health emergency, please call 911 or go directly to the nearest hospital emergency room.

- **Confidentiality**

This means that your name and any information about you will not be discussed with anyone without your and/or your guardian's permission. There are three exceptions to confidentiality that are important for you to understand before you share information with the psychologist during testing. (1) By law, all suspected and/or reported abuse and/or neglect of a child or dependent adult must be reported; (2) Action must be taken if it is assessed that the client is a danger to themselves or others; (3) It is possible that client information/records will be released if court ordered.

- **Policy of Minors in Treatment**

All clients under eighteen years of age are considered minors, and parent(s)/legal guardian(s) will sign an informed consent for the psychological evaluation of all minors. If at any time clinical staff assesses that there is a high risk that the minor may seriously harm him/herself or another person, then the Youth For Tomorrow Behavioral Health Services psychologist will notify parents/legal guardians immediately of the concern.

- **Contact/Communication with Psychologist**

You may reach clinical staff about scheduling by calling clinical staff directly. Please be advised that calls received after business hours will be transferred to a confidential voicemail. Please include your name and number, and your call will be returned as soon as possible. Please be advised that our staff are not available after business hours or during weekends and will not be able to respond to you until the next business day. In order to protect your confidentiality, we will not use email or text to communicate with you, and completed reports will not be sent via e-mail.

- **Written Evaluation Report**

A copy of the written report of the psychological evaluation will be provided to all individuals and families at no additional charge after all evaluation related service fees have been paid (Insurance Copay or Non Insured out of Pocket Costs). Ideally, any outstanding fees and payments for services will be paid and the report will be provided at the feedback appointment. If a fee balance remains outstanding at the time of feedback, the report will be reviewed with the patient and/or family; however, **a copy of the written report will not be provided to any individual, families or requesting agencies until all estimated payments for non-insurance covered services have been paid In Full.**

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- **Document Request and Fees**

An initial copy of the written report of the psychological evaluation will be provided to all patients and families at no additional charge after all evaluation related service fees have been paid, ideally at the feedback appointment. There will be a charge for other requested documents that require clinical staff completion for outside purposes. There is a ten business day turnaround time for all documents to be completed from time of request submission. Please take into account any documents submitted prior to a weekend or holiday will require an additional business day. Follow-up requests for copies of evaluations should be submitted to Mikka Sturdivant at (703) 659-9881. All fees for services must be paid in full upon document pickup.

- Less than 20 pages there is no charge
- 21 to 50 pages is \$.50/per page
- 51 and up is \$.25/per page
- Fees include completion and faxing if required

- **Service Deposit and Cancellation Policy:**

A non-refundable deposit of \$150 must be paid when the evaluation appointment is scheduled in order to reserve the appointment timeslot. This fee can be applied to your deductible, co-pay, educational testing fees, or any other billable fees related to testing. The \$150 fee will be forfeit if the testing appointment is missed or cancelled/rescheduled by the patient within less than 48 business hours. Requests to reschedule will be accommodated on a case-by-case basis pending availability. If an appointment is rescheduled, the \$150 fee will be applied to the rescheduled appointment (e.g. a separate service deposit will not be required to reschedule). If there are no costs associated with testing outside of the amount covered by your insurance company, the deposit will be refunded to you after testing is completed and payment from your insurance company has been received.

- **Court Appearances/Other:**

It is the policy of Youth For Tomorrow Behavioral Health Services not to testify in court unless subpoenaed. Fees for court appearances (including preparation and travel time) and court reports will cost \$340.00 per hour payable to Youth For Tomorrow Behavioral Health Services. Court costs are not generally insurance reimbursable. This policy applies regardless of the party pursuing the subpoena. Please be advised that preparing evaluations specifically for court or forensic purposes, such as custody or disability evaluations, are beyond the scope of the psychological evaluation services offered by Youth for Tomorrow Behavioral Health Services.

- **Attendance at IEP or other service planning meetings:**

A copy of the written report of the psychological evaluation will be provided to all patients and families at no additional charge after all evaluation related service fees have been paid. We encourage patients or their parents to provide a copy of this report to school officials, behavioral health providers, case managers, and other individuals involved in the treatment process. The written evaluation reports are very thorough and will typically provide all the information needed by other professionals involved in treatment. As such, the psychologist's presence at IEP or other service planning meetings is not generally necessary. We will attempt to accommodate cases where the patient or family requests that the psychologist be present, if the requested meeting time does not conflict with previously scheduled service appointments. Fees for IEP or other service meeting attendance (including travel time) will cost \$340.00 per hour payable to Youth For Tomorrow Behavioral Health Services.

- **Behavioral health counseling services:**

In cases where an individual is referred by a behavioral health counselor, it is standard procedure for the individual to continue counseling with their original provider during and after the evaluation is completed (e.g. it is not expected that counseling services will be provided by the psychologist). Please be advised that psychologists do not provide psychological evaluation services for individuals that they have previously provided counseling services to. Additionally, participating in a psychological evaluation does not guarantee that the psychologist will have availability to provide counseling services following the evaluation.

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## **ESTIMATED EVALUATION COSTS AND CODES BILLED TO YOUR INSURANCE COMPANY:**

- These are the *estimated* evaluation costs including the codes and number of hours billed. Actual hours billed may vary. You will be responsible for any billed fees that are not covered by insurance due to your deductible, a lack of service coverage, annual limitations, or lack of authorization.
  
- **All testing evaluations include:**
  - 1 – 2 hour initial interview with parent/guardian OR initial diagnostic interview (adult)
  - 1 hour feedback session with parent/guardian OR adult client
  - Administration and scoring of measures
  - Written report
  
- **Testing is billed to your insurance company using the following codes:**
  - CPT 90791: Initial assessment interview
  - CPT 96130: Psychological testing evaluation services to include pre-service work, clinical decision making, interpretation of test data, treatment planning, report writing, and interactive feedback with patient and/or family member, first hour
  - CPT 96131: Psychological testing evaluation services each additional hour
  - CPT 96136: Psychological test administration and scoring, first 30 minutes
  - CPT 96137: Psychological test administration and scoring, each additional 30 minutes

- **Evaluations:**

*Please check your desired evaluation type. Please note that all dollar amounts reflect the self-pay rate. Estimated hours may vary.*

- **ADHD:**

- \$1,200- \$1,500

- 8 – 10 hours at \$150 per hour
      - Determines the presence and severity of ADHD symptoms and includes brief screening for other psychiatric difficulties that may adversely impact attention, concentration, and behavioral control
      - 1 unit CPT 90791
      - 1 unit CPT 96130
      - 2 – 3 unit CPT 96131
      - 1 unit CPT 96136
      - 5 unit CPT 96137

- **Cognitive:**

- \$1,200 - \$2,100

- 8 – 14 hours at \$150 per hour
      - Identifies level of cognitive ability (IQ) and any associated functional impairment, determines whether criteria is met for an Intellectual Disability diagnosis
      - May include additional testing of memory, learning ability or executive functioning if needed
      - 1 unit CPT 90791
      - 1 unit CPT 96130
      - 2 – 5 units CPT 96131
      - 1 unit CPT 96136
      - 5 - 11 units CPT 96137

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- **Psychoeducational:**
  - \$1,350 - \$1,800
  - 9 – 12 hours at \$150 per hour
  - Includes measures of cognitive ability (IQ) and academic achievement, as well as screening for other psychiatric difficulties that may negatively impact academic functioning. Can assist in diagnosing a specific learning disability.
  - 1 unit CPT 90791
  - 1 unit CPT 96130
  - 2 – 3 unit CPT 96131
  - 1 unit CPT 96136
  - 5 unit CPT 96137
  - 3 hours educational testing, no billable code, \$450 charge to patient
  
- **Autism:**
  - \$1,800 - \$2,250
  - 12 - 15 hours at \$150 per hour
  - Determines whether a patient's symptoms meet diagnostic criteria for an Autism Spectrum Disorder and screens for the presence of other psychiatric difficulties
  - 1 unit CPT 90791
  - 1 unit CPT 96130
  - 3– 4 unit CPT 96131
  - 1 unit CPT 96136
  - 5-7 unit CPT 96137
  - 3 hours educational testing (if language or academic concerns), no billable code, \$450 charge to patient
  
- **Social/Emotional/Personality:**
  - \$1,800 - \$2,250
  - 12 - 15 hours at \$150 per hour
  - Identifies current psychiatric symptoms and provides differential diagnosis across a wide range of potential psychiatric difficulties. Can provide diagnostic clarification regarding issues such as anxiety, OCD, oppositional defiant disorder, conduct disorder, depression, bipolar disorder, PTSD, schizophrenia, and borderline personality disorder.
  - 1 unit CPT 90791
  - 1 unit CPT 96130
  - 5– 6 unit CPT 96131
  - 1 unit CPT 96136
  - 11-13 unit CPT 96137
  
- **Psychosexual Risk (Children and Adolescents Only):**
  - \$2,100 - \$2,400
  - 14 – 16 hours at \$150 per hour
  - Provided by a Certified Sex Offender Treatment Provider (CSOTP). Reviews past and current sexual behavior problems, conceptualizes these problems within environmental and psychiatric context, provides assessment of future risk, and presents recommendations for treatment and management. Also identifies current psychiatric symptoms and provides differential diagnosis across a wide range of potential psychiatric difficulties. Evaluation measures specific to this assessment may include the ERASOR and J-SOAP II.
  - Psychosexual risk assessments are available only for child and adolescent clients. Youth for Tomorrow does not offer psychosexual assessment services for adult clients.
  - Please be aware that psychosexual risk evaluations are less likely to be covered through insurance than other types of evaluations.
  - 1 unit CPT 90791
  - 1 unit CPT 96130

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- 6-7unit CPT 96131
- 1 unit CPT 96136
- 13-15 unit CPT 96137

- **Comprehensive:**
  - Up to 27 hours at \$150 per hour depending on presenting concerns
  - A general assessment that may include components from any of the evaluations listed above.
- **Entrance/Eligibility:**
  - \$150 per hour, number of hours to be determined once needed assessments are identified
  - For admission to private schools or to determine eligibility for specific programs have a requirement for psychological testing as part of the application process.

- **Evaluation measures:**

A variety of diagnostic measures are used by the psychologist during the evaluation depending on the issue being investigated and the age/developmental level of the patient. Assessment measures used at Youth for Tomorrow may include, but are not necessarily limited to, the following:

- Wechsler Intelligence Scale for Children-5th Edition (WISC-V)
- Wechsler Adult Intelligence Test-4th Edition (WAIS-IV)
- NEPSY-II
- Clinical Evaluation of Language Functioning-4 (CELF-4)
- IVA-2 Continuous Performance Test
- Vineland Adaptive Behavior Scale
- KTEA™-3 (Kaufman Test of Educational Achievement, Third Edition).
- WIAT®-III (Wechsler Individual Achievement Test®- Third Edition).
- D-KEFS™ (Delis-Kaplan Executive Function System™).
- CMS (Children's Memory Scale®)
- Beery-Buktenica Developmental Test of Visual-Motor Integration – Fifth Edition (VMI)
- WMS-IV (Wechsler Memory Scale- Fourth Edition)
- CVLT®3 (California Verbal Learning Test®, Third Edition).
- CVLT®-C (The California Verbal Learning Test®- Children's Version)
- Behavioral Assessment Scale for Children Third Edition (BASC-3)
- Autism Diagnostic Observation System
- Gilliam Autism Rating Scale
- Childhood Autism Rating Scale-2
- Social Responsiveness Scale – 2
- Roberts - 2
- Rorschach
- Thematic Apperception Test
- Sentence Completion
- Symptom Checklist-90-Revised (SCL-90-R)
- Minnesota Multiphasic Personality Inventory-2-Restructured Form. (MMPI-2-RF)
- Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form (MMPI-A-RF)
- Millon Adolescent Clinical Inventory (MACI)
- Millon Pre-Adolescent Clinical Inventory (M-PACI)
- Mallon Clinical Multiaxial Inventory-IV (MCMI-IV)
- Children's Depression Inventory – 2
- Multidimensional Anxiety Scale for Children – 2

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## POLICIES AND FEES:

### IF YOU HAVE MEDICAL INSURANCE:

- We will file claims to Medicaid, if applicable, or your private medical insurance company for the services that are provided by our office that are billable to insurance. **Please note that educational testing and testing feedback appointments are NOT covered by insurance. Fees for these appointments are charged at \$150 an hour and are the responsibility of the patient.** Patients are ALSO required to pay psychological testing hours billable to insurance but not approved by their insurance company due to a denial of a preauthorization request, testing not being a covered benefit, annual limitations or a deductible. In order for the claims to process correctly, please ensure that the information that is provided to our office on the Financial Resources Form is accurate and current. If there is a change in insurance information please let us know immediately. With the exception of Virginia Medicaid, we do not submit requests to secondary insurance companies.

### DEDUCTIBLES, CO-PAYMENTS AND COINSURANCE:

- Co-payments are constant and **due at the time the service is rendered. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan.** Payment of the estimated portion is due at the time of service. Any uncollected coinsurance and or deductibles will be billed when notification is received and is due no later than 30 days or your next appointment, whichever is sooner.

### AUTHORIZATIONS:

- A copy of your insurance card is required at the time of the initial service. For all private insurance other than Medicaid, the card is descriptive and indicates whether an authorization is needed. Often times for private insurance, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on file at the initial service and the claim is denied for "no authorization", you will be responsible for the payment.
- If services are being obtained under Medicaid and said services were used with a previous provider, we will need the previous provider's information to verify coverage for this evaluation, and whether a new Medicaid authorization is required.

### PROVIDER COVERAGE:

- Each private insurance company has multiple plans. We may participate with your insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is your responsibility to verify coverage for your plan.
- If the insurance company denies the claim for a plan provision, you will be responsible for the balance.
- If not obtaining services under a Medicaid benefit, private medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary.
- You are ultimately responsible for the timely payment for services provided.

### IF YOU DO NOT HAVE MEDICAL INSURANCE:

- If you do not have health insurance coverage for psychological testing, you will be billed \$150.00 an hour for psychological testing services.



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**PAYMENT METHODS AND OTHER INFORMATION:**

- We accept cash, check and Visa, M/C, American Express and Discover.
- **Any balance that is left unpaid for over 30 days is subject to a \$10 late fee.** This late fee will be applied to any unpaid account every month until balance is paid in full.
- Accounts that are past due will be turned over to our collection agency and reported to the Credit Bureau.
- Accounts that have statements returned with no forwarding address will be charged \$10 and turned over to our collection agency.
- There may be times when an invoice will be mailed to your address on file. Payment for an invoice should be mailed to our **Youth For Tomorrow Business Office, 11835 Hazel Circle Drive, Bristow, VA 20136.** Questions regarding an invoice for services can be addressed by contacting the Business Office at (703)695-9878.

Note: In situations of divorce, separation, court orders, etc. the party initiating treatment will be financially responsible for the account.

*We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of the Financial Agreement as stated above is important to our relationship. Please ask if you have any questions about our fees, Financial Agreement or your financial responsibility.*

I \_\_\_\_\_ (*Client or Parent/Legal Guardian/ Caregiver*) acknowledge that I have read and agree to the above Service Agreement and Policies & Fees

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian/ Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YFT Staff Signature/ Credentials

\_\_\_\_\_  
Date