



**Chapel Hill** 1829 East Franklin St., Bldg 400 Chapel Hill, NC 27514  
**Charlotte** 6911-100 Shannon Willow Road Charlotte, NC 28226  
**Raleigh** 2605 Blue Ridge Road, Suite 225 Raleigh, NC 27607

### **INSURANCE, BILLING AND COLLECTION POLICIES:**

All copayments, coinsurance and deductibles are due at the time of service. As a courtesy to our patients, and as time allows, we will verify benefits. In order to do so, we request a copy of your insurance card before your visit. The information we receive is not a guarantee of payment, benefit or claim. We recommend that you reference your benefit booklet or consult with your insurance company.

#### Participating Insurances:

- BCBS-Most PPO's
- Out-of-State policy holders; we require payment in full on the first visit.
- State of NC Teachers and employees
- NC Health Choice
- Medcost/Medcost Primenet
- Multi Plan –previous called UP& UP
- TriCare
- Workers Compensation
- Cigna Behavioral Health
- Medicare and Medicaid

**All of our doctors are on different insurance plans. Please verify individual doctor participation status for insurance coverage.**

Patients with any other insurance must self-file. Patients that self-file must complete a self pay waiver, and pay in full at the time services are rendered. Some services may not be covered by your insurance policy. It is your responsibility to check your benefits ahead of time and to be prepared to make any out-of-pocket payments at the time of the visit.

**Please be aware that your MENTAL HEALTH COVERAGE AND BENEFITS** may differ from your medical. You are advised to verify your coverage.

#### **These rates are *only* an estimate:**

- Attention Deficit Disorder Evaluation \$630-\$1010
- University \$630
- Psycho-educational Evaluation \$1000-\$2000
- Neuropsychological Evaluation \$1500-\$3000
- Neuropsychiatry Evaluation \$630-\$3000
- Initial psychiatric/psychological consultation \$250-\$1010

INSURANCE, BILLING AND COLLECTION POLICIES continued:

The procedure code(s) that usually apply when checking MENTAL HEALTH INSURANCE BENEFITS for these evaluations are listed below. Some may need **PRE-AUTHORIZATION**. **Please check with your insurance company regarding pre-authorization.**

**PROCEDURE CODES MOST COMMONLY USED:**

- 99205(initial office visit medical)
- 90801(initial office visit psych)
- 99215(follow up visit medical)
- 90807(follow up visit psych)
- 96101(psychological testing per time unit)
- 96118(neuropsychological testing per time unit)

**MISSED APPOINTMENT POLICY**

A minimum of \$40 or a fee up to the amount of the scheduled visit will be charged for appointments missed. We require **24 HOUR IN ADVANCE CANCELLATION NOTICE**.  
\*Insurance companies do not reimburse for missed appointments fees. You will have to pay this out-of-pocket.

**INSURANCE CHANGES**

It is the patient's responsibility to inform the insurance department of any insurance changes before the next scheduled appointment that is affected by this change.

***We are not responsible for any lab work (blood, urine) charges incurred. You may be billed separately by LabCorp. It is your responsibility to provide insurance information to LabCorp.***

**COLLECTION POLICY**

In the event that the patient does not pay in full at the time of service or neglects to pay co-payments, the patient is required to pay all past balances at the next scheduled appointment. There will be an interest charge of 1.5% per month (18% annually) applied to all balances over \$10.00.

\*\*\*Any Balances that age past 90 days will automatically transfer to a collection agency.

**RETURNED CHECKS**

A fee of \$35.00 will be added to your balance due, for returned checks.

**Signature: I understand that I am legally responsible for my entire bill. NC Neuropsychiatry will file claims with participating insurance companies.**

**PATIENT OR PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_