

Testing Fee Agreement

Copays and deductibles are always billed per your coverage / EOB (explanation of Benefits) unless financial hardship dictates otherwise. These fees may change from time to time based on you need or coverage. To the extent possible, you may be notified in advance if this is going to occur. If you schedule Psychological Testing and / or Assessment or another specialty wellness service, the fee might differ from the fee for your regular therapy sessions.

As a courtesy, Viewpoint will check with your insurance, as applicable, to verify your eligibility and benefits. However, this is not a guarantee of payment. It is your responsibility to understand your coverage, including co-pays, co-insurance, and deductibles. This also includes understanding what services are covered and what are not covered.

Should you want to investigate your coverage prior to testing, you can call your carrier and provide the following information. You will want to include ALL of the below as claims are billed differently based on carrier.

Clinic	Viewpoint Psychology & Wellness, LLC
Clinic NPI	1831641539
Individual Performing Testing (IPT)	Michelle Posner
Credentials	Michelle Posner M.A. Limited License Psychologist
NPI of IPT	1235511965
Supervisor	Dr. Melanie Schwartz, Psy.D.
Supervisor NPI	1962697805

By signing below, I agree to the terms, conditions and information as set forth in this Testing Fee Agreement.

Print Name of Patient:	Date:
Signature of Patient or Legal Guardian or Representative	Date: