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Fees, Costs, Estimates Informed Consent-Updated 12/2021

Beginning January 1, 2022, psychologists and other health care providers will be required by law to give uninsured and self-pay patients a good faith estimate of costs for services that they offer, when scheduling care or when the patient requests an estimate.

The government will also soon issue regulations requiring psychologists to give good faith estimates to commercial or government insurers, when the patient has insurance and plans to use it.

At HPC, this is a practice we already have in place.

For clarity, we now have this specific document for the ease of reading and understanding. This document is available to you through the client portal and on our website.

Below is a clear list of our fees. When in doubt, please refer to this table to recall the cost of services or ask us!

PSYCHOLOGICAL TESTING/EVALUATION FEES & RATES	CLINICAL PSYCHOTHERAPY FEES & RATES
<p><i>Psych eval Includes-psychological evaluation for surgical procedures, evaluation for infertility procedures, evaluation for any other presenting concerns (intellectual, emotional, social, ability level, personality)</i></p> <p>-1st appointment-Diagnostic Interview-\$180</p> <p>-Psych eval-Administering & scoring measurements-1st 30 min- \$120/Neuropsych eval-\$150</p> <p>-Psych eval-Administering & scoring measurements-each additional 30 min-\$120/Neuropsych eval-\$150</p> <p>-1st Hour of Psych Testing Services-\$220/Neuropsych-\$250 <i>(definition: including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour)</i></p> <p>-Psych Testing Each hour additional hour-\$180/Neuropsych \$200 <i>(same definition as above)</i></p> <p>-Psych Testing 1 hour Feedback session, and each hour after- \$180/Neuropsych-\$200 <i>(same definition as above)</i></p> <p>-Fee for Additional Documentation Requested outside of Report: \$160 per hour <i>(this may include additional documentation that a physician is requiring outside of our usual report, or additional documentation that is being asked of us from a school, or additional clinical decision making, for example-please note, if this additional documentation is requested of us, we will notify the patient of the cost before these services are completed).</i></p>	<p><i>Includes initial evaluation appointment and ongoing session appointments</i></p> <p>-Diagnostic Assessment (1st appt) \$180</p> <p>-Psychotherapy-60 minutes \$160 (53-60m)</p> <p>-Psychotherapy-45 minutes \$140 (38-45m)</p> <p>-Psychotherapy-30 minutes \$90 (16-37m)</p> <p>-Crisis Session-60 minutes \$200</p> <p>-Crisis Session-75-90 minutes \$290</p> <p>-Prolonged psychotherapy session, additional time \$100-200</p> <p>-Group psychotherapy-\$60</p> <p>-Family psychotherapy-\$160</p> <p>-Couples psychotherapy-\$160</p>

OTHER PROFESSIONAL SERVICES AND FEES	*Professional Fees Related to Legal Matters*	CANCELLATION & NO SHOW FEES (*NOT covered by insurance or HSA/FSA cards)
<p>Other professional services are billed at the same rate of our clinical psychotherapy session rates</p> <ul style="list-style-type: none"> • \$160/hour <p>If less than 1 hour, cost broken down into 15 minute increments</p> <ul style="list-style-type: none"> • 1-14 minutes= \$40 • 15-29 minutes= \$80 • 30-44 minutes= \$90-\$140 • 45-60 minutes= \$160 <p>(see above for rates).</p> <p>This may include:</p> <ul style="list-style-type: none"> • Attendance at meetings with other professionals you have authorized for your care • Preparation of records or treatment summaries • Preparing a report that is not covered by insurance, such as reports that are not associated with psychological testing • Preparing (or filling out) documents or letters • And/or any other service you may request of your provider, that is not covered by your insurance, if using your health insurance 	<p>If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, and the resources that we may need to obtain</p> <ul style="list-style-type: none"> • We charge \$300 per hour for preparation and attendance at any legal proceeding. <p>***Insurance does not cover any fees outlined above in this section***</p> <p><i>It will be noted, we can only provide an estimate as we cannot determine what your legal proceedings may look like and how much time they may take. This is out of our scope of practice and we can only provide you any information based on what info we have received regarding the amount of time necessary to provide services that may be required in a legal proceeding.</i></p>	<p>‘No Show’- (definition- you do not call or email or contact us before your scheduled appointment begins. For example, if your appointment is at 1 PM, and you call us to cancel at 1:30, this still constitutes a no-show as we are not able to fill that time slot for another patient)</p> <ul style="list-style-type: none"> • Fee for No Show-\$100 <p>‘Late cancel’-(definition-you cancel your appointment less than 48 hours before your appointment start time)</p> <ul style="list-style-type: none"> • Few for Late Cancel-\$80

INITIAL THAT YOU UNDERSTAND & AGREE TO THE FEES/POLICIES LISTED ABOVE _____

FORMS OF PAYMENT WE ACCEPT

We accept most major credit cards and debit cards that are registered to a patient or person, not an outsourced company. We accept checks as well. We do not accept payments made through mediums like Instamed, or other outsourced payment processing solutions. We accept payments directly from a credit or debit card, or check, that is in the patient’s name or in the name of a person who is assuming responsibility for payment. These mediums of payment add many layers that impact our collecting payment and also have requirements and possible fees associated with them.

FEES ASSOCIATED WITH DECLINED PAYMENTS

Any credit card/debit card payment declined or bounced check comes with an associated fee. You will be responsible for that fee and this will be added onto your invoice balance.

WHAT ABOUT BILLING MY INSURANCE?

If we are IN NETWORK with your insurance, we will bill your insurance for services.

If we are NOT in network with your insurance, you will pay out of pocket and will be provided with a receipt to submit to your own insurance company to reimburse you directly.

INITIAL THAT YOU UNDERSTAND & AGREE TO THE POLICIES LISTED ABOVE _____

HOW DO I KNOW MY BENEFITS?

We will do a courtesy check of your insurance benefits, but also REQUIRE you call to verify your benefits as well. Insurance gives us a quote, an estimate. AND THEY CAN BE WRONG. That is why having 2 people call is a better chance for more accuracy.

INITIAL THAT YOU UNDERSTAND & AGREE TO THE POLICIES LISTED ABOVE _____

What if you are NOT in my insurance network?

We will give you an estimate of the cost of services, and you will sign and agree to this. You will then be provided with a receipt of services once you have paid for them to provide to your insurance to see if they will cover anything using your out of network benefits.

INITIAL THAT YOU UNDERSTAND & AGREE TO THE POLICIES LISTED ABOVE _____

WILL THERE BE ANY SURPRISES WITH COSTS?

We certainly hope not! Whether you are using insurance or you are a self-pay patient, we send you an estimated sheet that includes all of the services we anticipate providing, and the cost associated. We do our very best to provide a RANGE of a price. As you can see, some of our procedure codes are dependent on TIME. We give a usual and customary quote regarding the estimated cost of your services, and your services quite possibly may cost a little bit more or even a little bit less. We try to account for that in the range that we provide in your estimate.

We do our very best to give you the most accurate quote, unfortunately, there are some incidences that are unforeseen. For example, there may be more information that we need to gather in order to complete your full evaluation. This may mean that we have to administer another test during your evaluation. Again, we do our best to account for this in the RANGE ESTIMATE you are provided with.

INITIAL THAT YOU UNDERSTAND & AGREE TO THE POLICIES & INFO ABOVE _____

ESTIMATED FEE RANGE SHEET/EMAIL

For psychological testing and evaluations-

For psychological testing we will determine the services you may require, provide an estimated range of fees for the services, which includes calling your insurance-if we are in network and using your insurance.

You then sign this sheet and send it back to us.

As mentioned above, we provide a RANGE of fees, because this could change depending on if you require additional services. We try our best to provide services within that range, but sometimes require additional testing.

For psychotherapy services-PLEASE REFER TO THIS SHEET FOR REFERENCE FOR FEES

Because psychotherapy is a weekly and ongoing service, we can only let you know the cost for each week and for the first appointment.

We will provide you with a quote of your benefits from your insurance company. This will include any copay or coinsurance you may owe. We most likely will send this via email.

You will then sign that sheet and send it back to us or acknowledge the email.

For other services that arise or that you request-PLEASE REFER TO THIS SHEET FOR REFERENCE FOR FEES. Your provider will also reiterate this to you as well. For example, if you need forms filled out, your provider or a staff member will work to remind you of the out-of-pocket costs.

Your provider will also be informed of your expected costs. They will work to reiterate this. *This reminder is a courtesy.*

INITIAL THAT YOU UNDERSTAND & AGREE TO THE POLICIES LISTED ABOVE _____

Please sign indicating you have READ this document IN FULL, understand the information above, and agree to follow our policies and procedures

Sign _____ Print _____

Date _____

Common CPT Codes for Reference

- 90832 Psychotherapy, 30 minutes with patient (16-37m)
- 90834 Psychotherapy, 45 minutes with patient (38-52m)
- 90837 Psychotherapy, 60 minutes with patient (53-60m)
- 90846 Family psychotherapy (without the patient present), 50 minutes
- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
- 90849 Multiple-family group psychotherapy
- 90853 Group psychotherapy (other than of a multiple-family group)
- 96130 Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Add-on CPT Code +96131 – Each additional hour (List separately in addition to code for primary procedure)

- 96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

Add-on CPT Code +96133 – Each additional hour (List separately in addition to code for primary procedure)

- 96136 Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method, first 30 minutes

Add-on CPT Code +96137 – Each additional 30 minutes (List separately in addition to code for primary procedure)