

## Psychological Evaluation Information Packet

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Thank you for choosing ACAPS for your psychological evaluation needs. We understand that psychological testing can create feelings of nervousness, especially if you or your family member has never had an evaluation before. We have created this form to provide you with detailed information about our testing process, ways to prepare your child for testing, and an overview of billing/insurance information.

If you have any questions related to this information, please discuss it with your ACAPS provider or contact our office by phone at: 828-575-9760.

### General Information

Our business office contact hours are from 8:30am to 5:00pm Monday-Friday. On days of inclement weather, please call our office before leaving for your appointment to hear a recorded message concerning whether the office will be closed or opening late.

Due to the high volume of calls, you may reach our voice mail system. We regularly check voice mailboxes and generally return calls within 24 hours (during office hours) of the time the messages are received; however, weekends and holidays are not included in that time frame. Please be sure to leave your name, patient's name and date of birth, reason for calling, and a contact number so we can return your call.

### Overview of the Testing Process and Expectations

A psychological evaluation is a procedure that measures and identifies cognitive/intellectual functioning, academic abilities, and emotional/behavioral functioning in order to arrive at a proper diagnosis and to guide treatment interventions. Our comprehensive psychological evaluations usually necessitate attendance across multiple testing days. Below is a general overview of the testing schedule.

#### *Intake*

The Intake meeting is your first appointment at ACAPS. Our goal is to provide you with the most appropriate and thorough psychological evaluation we can to meet the needs of you and your family. There is usually a lot to cover during this intake session, and usually some of the information may be sensitive or difficult to discuss. For this reason, **please do not bring any children to this appointment**, even if the evaluation is for your child. **This first meeting be attended by adults only.** The **legal guardian** must be present to consent for treatment. Please remember, if you have an adult child, that is, your child is over the age of 18, they must be present unless you have legal guardianship. *If a child accompanies you to this meeting, the appointment will be rescheduled for a time when only adults are present.*

The appointment should last approximately 45 minutes to an hour. During this appointment, the provider will ask specific questions related to behavioral, academic, social, medical, and other relevant history. Please come prepared to:

- State the problem(s) you or your family member are experiencing.
- Provide copies of previous documentation such as previous psychological or other evaluations, IEPs, 504 Plans, IQ Testing, medical records, etc.
- Share information related to outside services, such as speech, occupational, or physical therapies, previous/current counseling, and/or other services.
- Provide a list of medications with full names, doses, and any special instructions.
- Any previous diagnoses, and *who* made the diagnoses.
- Provide contact names and information for records requests and individuals/professionals you wish to list on the ACAPS Release of Information form.

Please note: **Evaluation appointment dates will be scheduled during the intake meeting.**

If you or your family member (e.g. child being tested) are currently taking medications, the examiner will help you decide whether you (or your child) will need to be on or off those medications during the assessment process. Whatever the decision, **this must remain consistent throughout all consecutive evaluation appointments.** For example, if the medications are not taken for Part 1 Evaluation, then medications should not be taken for the following appointments. If your child is placed on new medications during the testing process, please contact our office immediately to notify us of this change.

### *Part 1 Evaluation*

We use a team approach to obtain the best assessment information possible. This means that you or your child may not see the same examiner over the course of the testing process, but, instead, work with a variety of providers while rotating through different tests.

The first evaluation appointment will take approximately 3 hours. If it is an evaluation for a child, the first appointment is usually scheduled during the morning.

Generally, there will be a variety of questionnaires and forms that you will need to complete while you wait for your family member to complete testing. These forms can be reading intensive. *If you must take the forms home, you are responsible for returning them to ACAPS by your next appointment; otherwise the assessment process may be delayed.*

You may also be given forms to take to your child's school to be completed by his/her teachers or other professionals involved in the child's life. **These forms are vitally important to the evaluation process, and we may be unable to complete the assessment process if these forms are not returned.**

Your insurance will cover each of the forms you are provided initially; however, *should you misplace or lose those forms, a fee of \$25 per form will be required in order to complete the assessment process.*

Break(s) will be provided during the evaluation, at which time you or your family member will return to the waiting room before completing the remainder of the evaluation. During these breaks, the providers will be reviewing collected data in order to refine the planned testing. **Please understand, we are not staffed or able to provide any child care during these breaks. If you prefer that your child not be left unattended during these breaks, you will need to remain available in the waiting room.**

We generally have some snacks and water available for you or your child while on break. **However, if your child requires specialized food due to food allergies or particular eating plans (such as nut-free, gluten free, dairy-free, etc.), please bring a snack for him/her. Also, please inform us so that we do not inadvertently offer your child something they are not permitted to eat.** The snacks we provide are not necessarily conducive to specific eating plans.

### *Additional Evaluation Days*

As with Part 1 Evaluation, please ensure that you've returned any forms that ACAPS testers/staff have provided previously, including ones that both you and your child's teacher(s) were asked to complete. **The evaluation cannot be completed until these forms are completely filled out and returned to the ACAPS office.**

Additional evaluation days will be added if the evaluation team determines that they need more specific information; we do so in an effort to provide the best, most comprehensive evaluation for you and your family. This additional time may include more specific psychological assessments and/or a speech-language/social communication evaluation by our speech-language pathologist.

If your child is scheduled for a speech-language/social communication assessment, you will be asked to join your child during the first ten to twenty minutes of the assessment in order to answer questions that are relevant to the evaluation process.

### *Feedback Session*

Once the evaluation has been completed and processed, the feedback meeting is held to review results of testing and recommendations.

**The feedback meeting is intended for adults only** (unless otherwise discussed). Patients who are older (e.g. teenagers) are sometimes invited to attend this appointment, depending on their age, complexity of results, and clinical appropriateness.

This appointment usually takes approximately one hour to an hour and a half.

Your copy of the report may not be ready at the time of your feedback. During the feedback, we will generally review relevant history and details for accuracy, and we may need to clarify some information before producing the final, written report.

## **How to Talk to Your Child about the Evaluation Process**

It is important to prepare your child for his/her visit to the ACAPS office since it will be a new experience and s/he may have questions about the purposes of testing. For example, you could tell your child that visiting ACAPS is similar to being at school. Your child will be asked to listen to information, look at pictures, do puzzles, possibly draw a few pictures, and read and write (if old enough). Your child may also engage in a test that involves listening to various beeps through headphones.

A few examples of ways you can present this experience to your child is to say something like, "We're going to talk about how you learn, feel, and think so that we can identify ways to make things easier for you, and/or be more supportive and helpful to you in school and/or at home." You could also say, "Everybody needs extra help sometimes, and we're going to find out what extra help you might need right now."

If your child is particularly concerned about shots, please remind them that we are a shot-free facility.

## Arriving Prepared

Our website features each ACAPS team member. If you and your family would feel more comfortable seeing some of the faces ahead of time (or you, as a parent, would like to learn more about the ACAPS team members) you can do so by visiting <https://www.acaps-nc.org/about>

As much as possible, please ensure a good night's sleep the evening before each evaluation appointment. *Many times, our examiners will suggest that parents prepare children for these assessments as if preparing them to take the EOGs at school: plenty of rest and a good breakfast are important.*

Please ensure that your child has had a hearing and vision screening within the past year, which is usually provided at annual well-visit appointments. Evaluation results can become invalid if there are problems with your child's hearing or vision. If your child has corrective lenses with regular ophthalmology appointments, a vision screening is not necessary. *If you or your family member use(s) eye-glasses and/or hearing aids, please be sure to bring those items for each day of testing.*

There is considerable planning and preparation that occurs prior to your appointment. **Due to the complex nature of psychological evaluations and the amount of time required/set-aside for appointments, if a patient no-shows, or cancels less than 24 hours in advance, s/he will be charged a fee of \$200.** If you cannot attend your scheduled appointment, be sure to call **at least 24 hours ahead of time** to cancel so as not to incur a fee. Please remember that confirmation reminders from us are only a courtesy. **Our failure to confirm your appointment does not relieve you of your responsibility to cancel/reschedule your appointment.** Please note that Medicaid patients will not be charged for missed appointments or late cancellations. **Medicaid patients who do not show for their appointment may, however, be discharged and not allowed to reschedule.**

## Insurance, Payment, & Appointments

The financial part of any visit can potentially be the most tedious. Below, we have provided specific information related to our financial policies in order to help decrease frustration and increase awareness related to billing, insurance coverage and appointment expectations.

### *Insurance*

For each visit to our office and/or telehealth visit, we will ask you to provide the information needed to verify your insurance coverage and to file your insurance claim. **Your insurance is a contract between you and your insurance provider, and it is your responsibility to understand your insurance plan coverage.** We encourage you to contact the number on the back of your card to review and verify your benefits. Not all services are covered benefits in all contracts. **You are ultimately responsible for 100% of charges, even if your insurance denies coverage.**

As a courtesy, Appalachian Counseling & Psychological Services (ACAPS) will attempt to verify your insurance benefits and/or necessary authorizations for you. Please be aware, this is only "A QUOTE of Benefits/Authorizations." **We cannot guarantee payment or verify definite eligibility of benefits conveyed to us or to you by your carrier.** The payment of benefits is subject to all terms, conditions, and exclusions of the member's contract at the time of service.

Your health insurance company will only pay for services that it determines to be "reasonable and necessary." Our office will make every effort to bill your insurance in a timely manner. If your carrier determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service, and it will become your responsibility.

Medicaid patients must present a *current* Medicaid card; otherwise, appointment(s) will be rescheduled.

If you have a change in insurance coverage, it is your responsibility to inform us of this change promptly. **Due to "timely filing" requirements, if you have a change in your insurance coverage and/or do not provide us with the correct insurance information before your appointment, you will need to pay the cost of your service in full and then contact your insurance company for reimbursement. If we do not have correct insurance details at the time of service, you will be responsible for 100% of service fees.**

**We require a valid credit card to be on file in order to schedule an appointment.** This card will be used to charge no-show/late cancellation fees and any unpaid charges that are over 60 days due (for example, deductibles/co-insurance or insurance denials). Please note: *Active* Medicaid patients are not required to have a credit card on file.

Should there be a balance due to claim denials, uncovered services, or changes to your insurance plan, you will be responsible for the balance. **All unpaid balances over 60 days old will automatically be billed to the credit card on file.** *Should the credit card not be valid and no other payment arrangements have been made, your account may be referred to an external collections agency or referred to other legal means for collection. You will be responsible for any legal fees incurred through this process.*

### *Payment*

Patients who do not have insurance coverage are considered self-pay. If you are a self-paying patient, there are various payment options available to you, which can be reviewed on an individual basis. Please contact our billing manager at 828-575-9760 to discuss those options.

Upon arrival to your appointment, co-pays (and co-insurance when applicable) are due before you can be seen. Professional fees, service fees, co-pays, and deductibles are non-refundable. If you have an outstanding balance (co-pay, co-insurance, private pay invoices, etc.) you must speak with our billing department before scheduling additional appointments and/or services.

For your convenience, we accept cash, personal checks, Mastercard, Discover, American Express, Visa, and CareCredit. There is a \$25 fee for all returned checks.

***Court/Legal Related Services:*** Costs include travel, preparation, consultation, statements, depositions, and appearances, which will be billed at an hourly rate of \$250.00 to \$475.00, depending on your provider. **This rate is billed in 15-minute increments, per provider involved. You are responsible for all court costs,** even if your attorney subpoenas your provider(s) or if a court order is issued. You are also required to pay for such services **in advance** of the service. **In the event that you have not paid in advance, you understand and authorize your credit card be charged for any and all such related charges.**

We provide answers to routine/basic questions free of charge. Occasionally, complex issues necessitate more involved responses that require your ACAPS provider's expertise and documentation, (e.g. completion of forms, written letters, etc.). **These services are billable and are not covered by insurance companies. These services are billed at a rate of \$25.00 per 10 minutes. Please note that the charge for these services will include time for preparation and documentation.**

### ***Missed Appointments & Cancellations***

Please keep in mind that appointments are timeslots specifically reserved for you. We require at least 24 hours advance notice if you are unable to keep your scheduled appointment. As a courtesy, we offer appointment reminder calls, which will allow you to cancel or reschedule at that time. **However, it is ultimately your responsibility to keep track of your appointments whether you receive a reminder call or not.** Patients who arrive fifteen minutes late or more will be rescheduled.

A \$200 “no show” fee is accrued for individuals who fail to show up to their appointments or fail to provide at least 24 hours advance notice.

**Patients with repeat cancellations or missed appointments may be discharged from our practice.**

Please sign and return this packet to ACAPS. We will make a copy of this document for your records.

I, \_\_\_\_\_, acknowledge that I have read this entire  
(please print name of patient/legal guardian)

Psychological Evaluation Information Packet, and I fully understand and agree to adhere to all ACAPS policies identified in the Information Packet.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Provide Relationship to Patient if Guardian

Date: \_\_\_\_\_