



Christopher J. Quarto, Ph.D., PLLC

Assessment & Counseling

509 Crossway Ave.
Murfreesboro, TN 37130
(615) 403-5227
chris@chrisquarto.com

OFFICE PROCEDURES, CLIENT INFORMATION, AND DISCLOSURE STATEMENT

Welcome to my practice! I am a licensed psychologist who has specialized training and experience in a number of areas including individual, family, and group therapies for children, adolescents, and adults. As a psychologist, I have extensive experience assessing individuals for Attention Deficit/Hyperactivity Disorder (AD/HD), emotional problems (e.g., depression, anxiety) and learning disabilities. In addition to my part-time private practice, I am employed as a professor in the Professional Counseling program at Middle Tennessee State University.

PSYCHOLOGICAL TESTING: In many cases, clients are referred to me for psychological evaluations by their physicians or schools to assess for ADD or AD/HD, behavior disorders, emotional problems and/or learning disabilities. It usually takes 2 hours to complete an evaluation. I spend approximately six hours scoring tests, interpreting the test results, and writing a report, which contains the background information, test results and summary and recommendations. Clients normally receive written reports within 5 to 30 days following the test session depending how payment is made for services (quicker for clients who pay out-of-pocket). Psychological evaluations are conducted at my clinic or online.

Special note for psychological evaluations that are conducted for the purpose of determining possible test taking accommodations (e.g., ACT, SAT, GRE, Praxis): There are no guarantees I will make a recommendation that you or your child should receive test taking accommodations at the conclusion of my evaluation. This recommendation is made on a case-by-case basis based on historical information as well as test results that justify it.

CLIENT RIGHTS: At any time, you may question or refuse psychological testing procedures or obtain whatever information you wish regarding the services you are receiving. You are assured of confidentiality, except where legally mandated. Specifically, the law requires me to notify parents, guardians, and/or others (e.g., police) if I believe that you have an intention to harm yourself or another individual. I am also obliged by law to report any *suspicion* of child abuse, neglect, or molestation in order to protect the children involved as well as cases

involving domestic violence. In legal cases, professional records may be subpoenaed by a judge. Finally, insurance companies require me to provide information regarding clients' diagnoses and dates of service for reimbursement purposes. Confidentiality will be guaranteed in all cases, except as noted above.

CLIENTS WHO ARE DEPENDENTS: I keep confidential what children say to me in the same way I keep confidential adult conversations. As the parent or guardian, you have the right to question and understand the nature of my activities with your child, but I will use discretion in what I disclose to you.

SOCIAL MEDIA POLICY: I do not accept friend or contact requests from clients on any social networking site (e.g., Facebook, LinkedIn) as it is important to maintain professional boundaries with clients. In addition, it is always possible that accepting friend or contact requests could compromise your confidentiality and our respective privacy. Although it is appropriate to follow me on my professional social media accounts, I have no expectation that you will do so (and I will not follow you back if you do). If you choose to follow me and I recognize your name, then I may briefly discuss this with you and its potential impact on our working relationship.

CHARGES: Fees for interviews + psychological testing vary depending on the nature of the evaluation, but are typically in the \$700.00 range. The charges for my services are based on the usual, customary, and reasonable fee profiles for the middle Tennessee area. Credit and debit cards are acceptable forms of payment.

Optional service for psychological testing: I conduct online (i.e., "Skype-like") psychological evaluations with adult clients via video app. These evaluations are out-of-pocket only and are less expensive than in-person evaluations (\$600.00).

Clients who do not show up for their scheduled appointment or cancel within 24 hours of the appointment will be charged \$75.00.

MENTAL HEALTH INSURANCE: I no longer participate as a network provider for most insurance companies. **As of 1/1/19, I only participate with Cigna.**

Financial requirements for clients who are insured by other insurance companies than Cigna

If you have an insurance plan other than Cigna then you are required to pay for the cost of services at the end of the appointment. In most cases, a psychological evaluation is \$700.00, which you can pay with a credit or FSA/HSA card or check. If you are unable to pay the full \$700.00 fee at the end of the appointment then you may pay \$350.00 with a credit or FSA/HSA at this time. The remaining \$350.00 would be charged to your card 30 days later. In this case, you would receive the report when your account is paid in full.

I am happy to provide you with a "superbill," which is a special receipt you can submit to your insurance company for possible reimbursement of my services as an out-of-network provider (or better yet have a company called Better do this for you: <https://getbetter.co/>). I can verify

out-of-network benefits for you ahead of time to find out how much they would cover, if anything.

Financial requirements for Cigna clients who plan on using their health insurance benefits to pay for mental health services

- If your Cigna plan does not require me to obtain approval/prior authorization to conduct a psychological evaluation then I am willing to submit a claim to them on your behalf. If your plan requires me to obtain approval/prior authorization (which is not usually the case) then I would not submit a claim to Cigna and you would be required to pay a \$550.00 fee (i.e., what Cigna normally reimburses me for psychological evaluations) OR I can refer you to another Cigna provider.
- You are required to pay any applicable co-pays, co-insurances and/or deductibles at the end of your or your child's appointment.
- You are required to place a credit card (or FSA/HSA card) on file with me so I can charge it in the event Cigna does not pay for my services. I will inform you ahead of time if this happens.
- I will submit a claim to your insurance company.
- Cigna normally pays me within two or three weeks if they decide that the services I provided to you or your child are reimbursable under your insurance plan (I normally have a good idea of this before I schedule your appointment)
- In the event your insurance company does not pay the expected amount (e.g., because you had not yet paid your deductible even though a Cigna representative told me you had no deductible when I called them to verify your insurance benefits) your card will be charged to pay the balance of your bill.

Secondary insurance

I only submit claims to clients' primary insurance (i.e., Cigna) and not secondary insurance. If you have a secondary insurance then I would be happy to provide you with a superbill that you can submit to them yourself for possible reimbursement of services (or – once again – have Better do this for you: <https://getbetter.co/>).

Financial requirements for non-insured clients (i.e., paying out-of-pocket)

The out-of-pocket cost for a psychological evaluation is \$700.00, which is due in full at the end of the appointment. You may pay by check, credit card or FSA/HSA card. If you are unable to pay the full \$700.00 fee at the end of the appointment then you may pay \$350.00 with a credit or FSA/HSA at this time. The remaining \$350.00 would be charged to your card 30 days later. In this case, you would receive the report when your account is paid in full.

Summary of financial policies

	Non-Insured (i.e., Out-of-Pocket /Self-Pay)	Insurance: In-Network (Cigna)	Insurance: Out-of-Network (non-Cigna)
Cost of evaluation / amount billed	\$700.00 (\$600.00 if completed online / via videoconferencing - adult clients only)	\$700.00	\$700.00
When payment is due / credit card is charged	In full at end of appointment (check, credit card or FSA/HSA card acceptable forms of payment) Option: \$350.00 charged to card at end of appointment; remaining \$350.00 charged to card one month later; report provided to client at this time (payment with check not an option if paying in two installments)	Any applicable co-pays, co-insurances or deductibles charged to card at end of appointment; Remaining balance, if applicable, charged to card following payment by Cigna	In full at the end of the appointment (check, credit card or FSA/HSA card acceptable forms of payment). Client is provided with superbill they can submit to their insurance company for possible reimbursement of services Option: \$350.00 charged to card at end of appointment; remaining \$350.00 charged to card one month later; report provided to client at this time (payment with check not an option if paying in two installments)

Written acknowledgement by client

I understand that if I choose to use my health insurance to pay for services provided by Christopher J. Quarto, Ph.D., PLLC OR if I pay out-of-pocket for services and pay for those services in two installments that I am required to place a credit/FSA/HSA card on file with him so he can charge my card for any applicable fees. My signature signifies that I understand and agree to the terms of this policy.

Signature of client

Date

Verification of insurance benefits & insurance matters

I partner with Practice Solutions (<https://www.practicesol.com/>) to verify insurance benefits on behalf of clients and to bill clients for services, if necessary. I always inform clients of benefits before scheduling appointments so they can make informed decisions as to whether they would like to proceed with psychological evaluations.

Please be aware of the standard disclaimer of insurance companies: *“A quote of benefits is not a guarantee of payment.”* So although an insurance representative will provide me with benefit information there is no guarantee that the insurance company will pay for my services until I submit a claim to them and they determine that the diagnosis and services rendered are covered under your policy.

I submit insurance claims to insurance companies to obtain reimbursement for services rendered. Although I perform this service as a courtesy for clients, the relationship is between you, the client (or client’s parent/legal guardian), and your insurance company. If the insurance company does not pay for my services then you are ultimately responsible for full payment of services as outlined above.

If you are responsible for paying all or a portion of the bill and I do not receive payment from you in a timely manner (e.g., because your credit card is declined), then you will be notified by mail or e-mail to pay the bill immediately. If you fail to make a payment within 21 days, then the account will be turned over to a collections agency and you will be responsible for paying the balance due as well as attorney fees associated with collection efforts. Outstanding balances must be paid in full within two months (60 days) of the appointment date.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS: In some cases, it is more convenient for me and clients to communicate with one another by e-mail. It is possible that someone other than yourself could access e-mails as most e-mail communications are not secure (i.e., encrypted). This poses a risk to confidential communication. If you give me permission to e-mail you information, which may include protected health information, then please let me know at the time of the initial phone call or print an “X” on the appropriate line below and sign and date where indicated. If you do not give me permission to contact you by e-mail, then please let me know at the time of the initial phone call or print an “X” on the appropriate line below and sign where indicated.

Electronic Transmission of Protected Health Information via E-mail

I _____ DO _____ DO NOT (please place an “X” on one of the preceding lines) authorize Dr. Quarto to transmit the following protected health information from my health records and/or my health care treatment by non-secure means:

- information related to scheduling appointments and what will take place on the day of the appointment (e.g., interview, psychological testing procedures);

- information related to billing and payment;
- psychological evaluation and/or information related to how to access my psychological evaluation following my appointment;
- other information not specified above with my prior approval.

I understand that this authorization will expire two months following my appointment. I also understand that there may be extenuating circumstances in which Dr. Quarto needs to contact me after my authorization has expired and I grant him permission to do so. I understand that all e-mails are retained in the logs of my and Dr. Quarto’s Internet service providers and while it is highly unlikely that anyone will look at these logs, they are, in theory, available to be read by the system administrator of the Internet service provider. In addition, although it is highly unlikely that an “e-mail hacker” will intercept e-mails between me and Dr. Quarto, I understand that the risk exists and give Dr. Quarto permission to send me e-mail by non-secure means.

Signature of client

Date

Signature of parent or guardian (if client is minor)

Date

Informed Consent Acknowledgement

I have been given a copy of the Office Procedures, Client Information, and Disclosure Statement, and have read, understand, and agree with its contents.

I hereby consent to receive, or have my child receive, psychological testing services as a client of Christopher J. Quarto, Ph.D., PLLC. I understand that I have a right to withdraw my consent for services at any time. This consent to testing shall be in effect for the duration that services are rendered by Dr. Quarto or until he specifically withdraws it.

I understand that if I or my child am being evaluated for a learning disability that there are no guarantees that Dr. Quarto will recommend test taking accommodations. Such recommendations are made on a case-by-case basis based on historical information as well as test results that justify accommodations.

I authorize Christopher J. Quarto, Ph.D., PLLC to submit insurance claims to my insurance company or the insurance company of the insured. I hereby authorize Christopher J. Quarto, Ph.D., PLLC to furnish information to insurance carriers concerning my or my child’s diagnosis and dates of services and, if requested by my insurance company, information regarding the

reason I or my child am seeking services and treatment plan. I hereby assign Christopher J. Quarto, Ph.D., PLLC all payments for services rendered to me and/or my dependent(s).

I understand the financial policies of Christopher J. Quarto, Ph.D., PLLC and have been informed of the costs of services. I also understand that a quote of benefits that have been provided to Dr. Quarto by my insurance company (if applicable) is not a guarantee that they will pay for services and I am ultimately responsible for any amount not paid by the insurance company. Finally, I understand that if I do not pay the balance of the account in a timely manner and Dr. Quarto is forced to turn my account over to a collections agency, I am responsible for paying attorney fees associated with the attorney's collection efforts.

Signature of client

Date

Signature of parent or guardian (if client is minor)

Date