**Practice Information**

**Center for Assessment and Therapy**

**15 Moore St. Mooresville, IN 46158**

**Tel: 317-831-2686 FAX: 317-831-2669**

The Center for Assessment and Therapy provides outpatient psychological diagnostic evaluations, family therapy, individual therapy, psychological testing, psycho-educational evaluations, ADHD evaluations, and diagnostic and treatment second opinions for other mental health professionals. This practice does not offer medication prescriptions but does work with primary care physicians and/or psychiatrists to provide research based, best practice treatment for children, adolescents, and adults.

***OFFICE HOURS:***

Office staff hours are Mondays, Tuesdays, Wednesdays, and Thursdays, 10 am to 7pm.

***To Schedule, Change or Cancel Appointments:***

**Call the office at 317-831-2686, the office does require a 24 hour cancellation notice or a fee will be charged**.

***Emergency Contact***

The Center for Assessment and Therapy does not provide patients after hours coverage for emergencies. If you find yourself in an emergency please go to the nearest Emergency Room.

***Cancelled or Failed Appointments***

Like most mental health professionals, the Center for Assessment and Therapy’s policy is to **charge the regular appointment fee for appointments cancelled less than 24 hours on the clock in advance of the actual time of an appointment, or for failure to come to an appointment.** Insurance companies will not pay for failed appointments, so you will be billed personally for them.

***Payment Policy for Consultation Only or Second Opinions***

This refers to services limited to one to three sessions in which consultation with another mental health professional is requested rather than on going treatment. For these type of services, payment of the entire amount, (not just co-pay) are due at the time of service unless other arrangements are made in advance. The office will bill your insurance and promptly issue a refund to you for the amount that the insurance pays. **It is your responsibility to bring insurance information with you and to determine in advance the extent of coverage you have for services.**

The office bills for phone consultation of more than a few minutes duration whether this be during regular office hours or after hours, with fees depending on the duration of the call. Request for fee reductions due to special circumstances should be discussed with your provider in person.

***Fee Schedule***

Services

Initial Intake $175.00 **Missed/Late Cancel Appointment $ 75.00**

On-Going Therapy $175.00

Phone calls to patient (not routine scheduling Phone Calls to Legal Representatives or billing concerns)

Up to 15 minutes $ 30.00 Up to 15 minutes $ 50.00

16 minutes to 30 minutes $ 60.00 16 minutes to 30 minutes $ 100.00

31 minutes to 60 minutes $125.00 31 minutes to 45 minutes $ 150.00

46 minutes to 60 minutes $ 200.00

Court Case by Case Basis

Paperwork $ 25.00

***Billing and Payment Policy for Ongoing Care:***

1. **I accept most NON-Managed care commercial insurances**. For insurances which I accept, the office will bill your insurance for you and will ask your insurance company to pay us directly (unless other arrangements are made in advance). **For questions about billing or balances, please call the office manager at (317) 831-2686,** as this will be much faster means.
2. I am not a Medicaid provider.
3. Once a month you will receive a billing statement for unpaid co-pays or other charges. The term is balance payment is 30 days after receipt of billing. Please talk to your therapist if you need other arrangements for payment.
4. In case of insurance or co-pay overpayments, all overpayments will be applied to future charges unless you request that a refund check be issued.
5. Self- pay patient’s payments are due at time of services. If you do not have funds available at time of service you will not be seen and the visit will be billed as a late cancellation unless prior arrangements have been made.
6. Please do not cancel an appointment due to lack of funds without first discussing the situation with your therapist.

**YOU ARE RESPONSIBLE FOR:**

1. **Informing the office of insurance pre-certification requirements in advance of sessions, or pre certifying sessions yourself if your insurance requires you to call them. If you do not do this, you will be responsible for the entire amount of your sessions**.
2. **Determine the amount or percentage of your insurance co**-**pay.**
3. **Paying your co-pay at time of service** (unless you make prior arrangements with your provider). We accept MasterCard and Visa credit cards, checks payable to Center for Assessment and Therapy and cash.
4. **Paying the entire fee at the time of service if your insurance does not cover the service or the office is not paneled with your insurance, (unless you make prior arrangements with your therapist).**
5. **Promptly giving the office updated information if your insurance carrier or coverage changes, or you move, change your contact information (phone, work, cell).**
6. **If you have any difficulties with the staff, please discuss these concerns with your therapist as soon as is reasonably practical. If we don’t know there is a problem, we cannot fix it!**

**Other Questions:**

If you have questions about matters pertaining to the office practices that have not covered here, please ask! We will be happy to discuss them or help you find the right resource to answer your questions.

**Welcome to this practice!**

Pamela A. Reed PsyD., HSPP

Clinical Psychologist