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Frequently Asked Questions

1. What is the cost of a Neuropsychological Assessment?

The cost depends on whether you are using insurance or paying out-of-pocket.

- If using insurance: Appointments are billed to your insurance, and your out-of-pocket responsibility will depend on your plan, copays, or deductibles. A pre-payment of \$200 is required before your first appointment, which will be applied toward your total balance after your claim. You can review our Neuropsychological Assessment Fee Policy for more details.
- We recommend checking with your insurance provider ahead of time to understand your coverage and any potential out-of-pocket costs.
- If you are self-paying (not using insurance): The full assessment, including all required sessions, is offered at a flat fee of \$1,000 which is due before your appointment. You can review our Neuropsychological Assessment Fee Policy below for more details.

Important Note: All clients must sign the Neuropsychological Assessment Fee Policy before their appointment. If the policy is not signed, the appointment may need to be rescheduled.

2. What is prepayment?

Prepayment Information

The prepayment is an amount you pay our clinic in advance toward your scheduled appointment.

- **Amount:** \$200* for all clients using insurance (this includes Medical Assistance and commercial/employee insurance)
- **Payment options:** Pay online through our website here: <https://veemah.com/pay> or pay with card or exact cash at the front desk when you check in, before your appointment.
- This prepayment will be applied to your total balance. Any remaining balance, after your insurance has processed the claim, will be billed to you.

**If you are self-pay (not using insurance) you must pay the flat fee before your appointment at <https://veemah.com/pay> or at check-in.*

3. How do I check with my insurance provider ahead of time to understand my coverage or any potential out-of-pocket costs?

When submitting your claim to insurance, we provide billing codes that the insurer uses to process your claim. Typically, the following CPT/Billing Codes are used:

- 90791 – Psychiatric Diagnostic Evaluation (typically the first hour of your appointment; note this is different from a neuropsychological testing but is the required first step)
- 96130 – Neuropsychological testing evaluation services by provider/psychologist, first hour
- 96131 – Each additional hour of testing, including scoring, interpretation of results, and report writing by your provider (this code is billable for multiple hours, up to 7 hours)

To understand your coverage and potential out-of-pocket costs:

1. Call the number on your insurance card and ask to speak with a representative about your mental health or neuropsychological benefits.
2. Ask specific questions, such as:
 - ✓ Are these services or billing codes (90791, 96130, 96131) covered?
 - ✓ What is my deductible, copay, or coinsurance?
 - ✓ Are there limits on the number of sessions or assessment hours you will pay for?
 - ✓ Do I need prior authorization?

Confirm in writing if possible: Some insurance companies can provide a email or letter summarizing your coverage. Please understand that any estimate provided before your appointment is only an estimate and does not represent your final bill.

Please note: VEEMAH does not determine your final bill. The total cost is finalized by your insurance provider.

4. What ages do you work with?

We work with both children and adults, though most of our psych testing clients are between the ages of 3 and 13. Some tests can be done as early as 18 months, while others may be best for older clients. Once we understand the reason for your referral, our providers will review your needs and let you know if testing is appropriate.

5. I'm a client or client guardian - how do I make an appointment for testing/assessment?

To begin the appointment process, a referral is required. Referrals must be submitted by a healthcare provider, therapist, social worker, or other support professional.

Ask your provider to complete our referral form at the bottom of this page or send their own to info@veemahconsulting.com or faxed to 763-355-5718.

Once we receive the referral, we'll review it and contact you directly to discuss next steps.

6. I am a provider or community support professional - how do I refer a client?

To refer a client, please complete our referral form below or send your own company referral document including the client's full name, address, date of birth, contact number, type of testing requested, and a brief reason for the referral to info@veemahconsulting.com or fax to 763-355-5718.

Once we receive your referral, our team will review it and reach out to the client directly to discuss next steps.

Disclaimer: The information provided in this FAQ is for general informational purposes only. VEEMAH Consulting does not determine final costs or coverage. All insurance benefits, coverage limits, and final billing are determined by your insurance provider. Estimates provided before your appointment are not a final bill. Any of our FAQ information above and processes are subject to change at any time. To ensure you have the most accurate information, you may call us directly at (763) 202-4767 or email INFO@VEEMAHCONSULTING.COM with questions or verify any of our processes.