

River City Neuropsychology, PLLC Office Practices

Confidentiality

All information shared by you during your professional relationship with Dr. Jain will be kept confidential and will not be released to anyone without your written consent with the exception of the limitations noted below. Dr. Jain may be required to break confidentiality in the following circumstances:

1. If you present a danger to yourself or others.
2. If Dr. Jain has reason to believe that child abuse/neglect or elder abuse/neglect has occurred or is present.
3. If a legitimate court order is issued.

Additionally, insurance companies and managed healthcare organizations representing third-party payers often require you to consent to release records and/or information including but not limited to diagnosis, type of services rendered, dates of service, treatment plans, and other related confidential information to them as a condition of reimbursement. Your signature below indicates your permission to release information requested by your insurance company or its representative. If Dr. Jain is forced to pursue legal remedies due to nonpayment of your bill, the financial aspects of your relationship with River City Neuropsychology, PLLC will not be considered confidential.

Appointments

Patients are seen by appointment only. If a conflict arises that will cause you to miss a scheduled appointment, please notify Dr. Jain at least 24 hours in advance. If you do not provide a 24 hours notice, a missed appointment fee of \$50 for a feedback session or \$100 for testing will be charged for any appointments after the initial intake evaluation. Dr. Jain will reschedule your appointment as her schedule permits and after the missed appointment fee has been paid in full.

Telephone Calls/Consultations

Dr. Jain will return patient calls to established patients within 24 hours. The nature of her practice involves significant face-to-face time with patients and time spent writing reports. As her practice is not conducted via the telephone, those communications will be limited to no more than 10 minutes. Patients are encouraged to schedule an appointment with her for matters that will exceed 10 minutes of telephone time. That appointment can be scheduled as an in-person consultation or as an extended telephone consultation for a fee of \$50 for between 10-30 minutes of her time and \$80 for 45 minutes of her time.

Financial Considerations and Billing

Dr. Jain's services are often covered by insurance and are subject to deductibles and co-insurance as specified by your insurance carrier. As many children and some adults need evaluation of academic abilities, it is important to note that insurance carriers will not pay for evaluation of academic abilities and this type of testing is an additional out-of-pocket cost on top of what you will owe based on your insurance benefits. Testing for specific learning disabilities is not covered by insurance and is billed at the out-of-pocket rate.

Dr. Jain will file insurance claims for you if she is in-network with your insurance panel. She will not back file any insurance claims. It is the patient's responsibility to pay what they owe per their insurance at the time that services are rendered. Dr. Jain does not carry balances on accounts.

Dr. Jain also sees patients who choose to pay cash for their evaluation. This is based on a comprehensive assessment rate which includes the initial appointment, testing sessions, and feedback appointment to review results. Payment is due at the the time of the first appointment for patients who elect to pay cash for services.

General Office Information

Dr. Jain does not do custody evaluations, worker's compensation evaluations, or forensic evaluations.

A written request form for the release of information is available and required in order to forward information to other treatment providers. Dr. Jain will provide copies of evaluation reports to the patient/ their parents and recommends that the patient/their parents forward that report to those individuals who they feel should have access to that information. Dr. Jain will not forward reports to schools and requests that parents/students do that themselves.

Patient Agreement

I have read the above stated information in its entirety and have asked any questions needed in order to clarify my understanding of the office policies.

I consent that River City Neuropsychology, PLLC may release such information as may be required by my insurance company or managed healthcare organization for payment of services rendered for me or my child. I agree to hold River City Neuropsychology, PLLC harmless for any injury or claim for damages arising from release of records or information as required by my insurance company or managed healthcare organization.

Patient _____ Date _____

Responsible Party/Guardian _____ Date _____