

## 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 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 hour 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. Text messages and emails will be returned more quickly. 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.

### Financial Considerations and Billing

Dr. Jain does not accept insurance in her practice. All evaluations are conducted on a fee-for-service basis. Consultations for evaluation reviews and treatment planning are billed at a rate of \$325 per hour. IQ testing for gifted placement is billed at a rate of \$550 for the evaluation. Evaluations for early autism diagnosis are \$875. Evaluations of preschool students are \$1975. Evaluations of K/1<sup>st</sup> grade students are \$2250. Evaluations of children in 2<sup>nd</sup> grade or older are \$2800. This pricing structure includes an hour for the consult, two to four hours of testing depending upon the child's age, an hour for the results session, and time for scoring and report writing. If your child works slowly or needs extra time beyond that described above for other reasons, the time will be billed at a rate of an additional \$275 per hour. Payment is due at the time of the first appointment for all patients.

[www.rivercityneuropsychology.com](http://www.rivercityneuropsychology.com)

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## Good Faith Estimate

Under the No Surprises Act (*H.R. 133* – effective January 1, 2022), health care providers need to give patients who are not using insurance an estimate of the bill for medical items and services.

- This Good Faith Estimate (GFE) shows the costs of items and services you can reasonably expect for your health care needs.
- You have the right to receive a GFE for the total expected cost of any non-emergency items or services.
- The GFE does not include any unknown or unexpected costs that may arise during treatment. You may experience additional charges if complications or exceptional circumstances occur.
- If you receive a bill at least \$400 more than your GFE, you may dispute or appeal the bill.
  - You may contact the health care provider or facility listed to let them know the billed charges are higher than the GFE. You may ask them to update the bill to match the GFE, negotiate the bill, or ask if financial assistance is available.
  - You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about four months) of the date on the original bill.
  - There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.
- Make sure your health care provider gives you a GFE within the following timeframes:
  - If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling.
  - If the service is scheduled at least ten business days before the appointment date, no later than three business days after the date of schedule; or
  - If the self-pay patient requests a GFE (without scheduling the service), no later than three business days after the date of the request. Healthcare providers must supply a new GFE within the specified timeframes if the patient reschedules the requested item or service.

*Note: A Good Faith Estimate is for your awareness only and does not require immediate financial commitment or payment.*

To learn more, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call [800-985-3059](tel:800-985-3059). For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call [800-985-3059](tel:800-985-3059). Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you receive a bill in a higher amount.

## General Office Information

Dr. Jain does not do custody evaluations or legal 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 for reimbursement for services rendered for 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 \_\_\_\_\_