APS Advanced Psychological Specialists, LLC

NANCY JUST, PH.D., ABPP
DIPLOMATE IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY
LICENSE 03382

Medicare Patients

(2017)

Please be advised that our office does participate with traditional Medicare and accepts assignment as payment for services covered by Medicare. However, if you have an HMO Medicare plan, we are out-of-network, and you will most likely be directly responsible for payment.

We will bill Medicare for all covered services. For Individual Psychotherapy, Medicare pays our office 65% of the approved amount. We must then bill you for the remaining 35% as required by law. For Initial Interviews and Psychological Testing, Medicare pays our office 80% of the approved amount. You are responsible for the remaining 20% of the charges.

Please note that sometimes a secondary carrier will pay the patient directly, or may pay only part of the Medicare coinsurance, leaving a patient responsibility. By law, the patient is responsible for the entire Medicare fee, less payments from Medicare and their secondary carrier, if any.

If a claim for service is denied by Medicare, you are responsible for payment in full.

The Medicare rates for the services provided by this office are listed below.

Service	Code	Fee	Co-Pay
Initial Interview	90791	$140.24	$28.05
Individual Psychotherapy - 45 min	90834	$ 90.41	$18.08
Individual Psychotherapy - 60 min	90837	$135.58	$27.12
Family Therapy	90847	$113.63	$22.73
Psychological Testing (by hour)	96101	$ 85.60	$17.12
Psychological Testing (by computer)	96103	$ 30.26	$ 6.05
Neuropsychological Testing (by hour)	96118	$106.76	$21.36

By signing below, you are indicating that you understand and will cooperate with this policy.

Patient Signature: _____
Date: _____

Below is an assignment of benefits

I request that payment of authorized Medicare benefits be made on my behalf to Advanced Psychological Specialists, LLC for any services furnished me. I authorize any holder of medical/psychological information about me to release to the Centers of Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient Signature: _____
Date: _____

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