



MID-ATLANTIC BEHAVIORAL HEALTH PSYCHOLOGICAL TESTING FAQ

WHAT DOES PSYCHOLOGICAL TESTING INCLUDE?

Psychological testing is the process of collecting data from interviews and instruments and then placing this data in a wide perspective, with its main focus being problem solving and decision-making. Psychological testing appointments typically include an initial diagnostic interview, which includes a review of your background information, mental health concerns, educational/work history, employment, social functioning, and a mental status exam. If necessary the evaluator will review prior records and evaluations for an hourly cost. Follow up testing appointments (typically with an assessment technician) usually take place over 1-2 half day sessions. The assessor will utilize a variety of mental health assessment activities that include research based questionnaires, academic tasks, story telling/perceptive taking tasks, self/collateral report that assess varied mental health symptoms. Throughout testing the assessor(s) monitor your/your child's truthfulness. It is extremely important you/your child be as truthful as possible with the evaluator(s) and provide your best effort on all the tests. Based on testing data and clinical knowledge the evaluator(s) may determine lack of truthfulness or poor effort make results interpretable with varied degrees of caution or declared invalid altogether. **You will be billed for face-to-face time with the providers as well as the amount of time it takes to score and interpret your data and write the report.**

WILL MY INSURANCE PAY FOR PSYCHOLOGICAL TESTING?

Insurances will only cover costs they deem medically necessary. We will seek authorization for all medically necessary services; however, all insurance companies state that an authorization does not guarantee payment. Additionally, most insurance companies have a maximum amount they are willing to reimburse regardless of necessity. There are certain services that insurances do not cover such as academic testing, ADHD with out any other mental health condition, etc. **It is your responsibility to understand your coverage. If services are denied for any reason you are responsible for cost of services.**

WILL THERE BE ANY OUT OF POCKET COSTS?

You are responsible for copays or coinsurance costs. Each insurance company is different in what they are willing to reimburse, whether by unit (which is a per hour rate) or by office visit. You are responsible for knowing how your insurance company reimburses. Additionally, due to the fact that some insurance companies have limitations on the differing services or tests they are willing to reimburse, there may be additional information/services your psychologist or you may desire, relating to your clinical referral question. These additionally services will come as an out of pocket expense for you. It is your prerogative to choose or decline these additional expenses but declining may limit your psychologist's ability to comprehensively answer the clinical referral question.

WHAT WILL BE IN THE REPORT?

Information gathered during interview or review of records, brief explanations of all tests administered as well as your/your child's results, interpretive summary of results, and clinical recommendations may be included as a part of the final evaluation report. A detailed history will be gathered during the clinical interview and all of that information may be part of the written report at the psychologist's discretion. This information can not be redacted and would be available to anyone to whom you chose to release the report. Information regarding the evaluation and the results will only be released verbally/in writing to those authorized by written release of information. Exceptions to confidentiality are outlined in our New Patient Paperwork.

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