

Behavioral Diagnostics & Treatment

Antonia Forster, PhD, ABPP -- Michael J. Fulop, PsyD -- Ana Cragolino, PhD
2130 SW Jefferson Street, Suite 300, Portland, Oregon 97201

This packet will require some time to complete. You complete these forms to see your provider at **Behavioral Diagnostics & Treatment** psychology and neuropsychology practices.

For billing questions, please contact Holly Kelly at hmackelly@aol.com or 503.446.9942.

Specific provider Questions? Antonia Forster - antonia.forster.phd@bdtxpdx.com -- Ana Cragolino -- dr.ana.cragolino@bdtxpdx.com
Michael Fulop dr.michael.fulop@bdtxpdx.com

Before your first assessment session you should:

- ⇒ *Complete as much of the packet as possible and bring it to the initial session.*
 - i. *Office Policies*
 - ii. *HIPAA, Confidentiality, and Informed Consent Forms*
 - iii. *Release of Information Form* to facilitate communications between referral sources.
 - iv. *Payment Forms*
 - v. *Clinical forms: Make copies for spouses, or for multiple teachers*
- ⇒ Get copies of all: school records, previous assessments, pertinent information and send it to the above address; or bring in for the first session (report cards, individual psych testing, standardized tests, behavior reports, I.E.P.'s or 504's).

Before your first therapy session (individual psychotherapy, family counseling) extensive records are not necessary.

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Holly Kelly can check insurance benefits prior to your 1st appointment: hmackelly@aol.com or 503.446.9942.

- ⇒ For assessments, please bring a \$1,000.00 retainer check, unless you have made other arrangements.
- ⇒ Services can be billed to Visa/M.C. or debit card accounts on a session-by-session basis, or on regular dates.

Please give your provider 24-hour notice if, for whatever reason, you cannot attend this first appointment.

Important Information About BDTX's Billing & Insurance Policies and Procedures

- **BDTX providers** [Dr. Cragolino, Dr. Forster, and Dr. Fulop] are not participating provider for insurance panels. Sometimes insurers make mistakes and tell you a provider is on their panel, even though this is not generally accurate for most of our providers.
- Our billing specialist will bill your insurance for you, as a courtesy.
- We prefer that you remit for services as provided by Visa/MC on a regular basis, or by pre-pay, unless you have made other express arrangements Holly Kelly.
- Once your bill is paid in full [charged automatically from your Visa/M.C. or debit card] at the end of each month, we will continue to bill your insurer for them to pay whatever portion your plan will allow for out-of-network [non-panel providers]. Some insurers send you payments, but if they send them here, we make refunds once the final billing is completed.
- For treatment or consultation services [non-assessment] fees are deducted from your Visa/M.C. or HSA debit card each day the services are provided. If not using Visa/M.C., please make arrangements for paying by check on a weekly or monthly basis.

If you have questions about policies, please discuss them with Holly Kelly at hmackelly@aol.com or 503.267.2111.

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Pre-Authorized Health Care Payment Form Pay by Visa/MasterCard Contract Form

For Assessment Services Only

____ I authorize my **BDTX provider** to keep my Visa/Master Card/AEX [debit or credit] information and signature on file and to charge my Visa, Master Card, or AEX account for psychological related assessment services. I would like these services billed and charged as follows:

____ \$1,000.00 retainer, & paid in full within 90 days *(We bill insurer - whatever insurer pays reduces owed)*

____ \$1,000.00 retainer, & 500 per month until paid in full *(for no insurance, and credit card only option)*

____ 5% discount with complete pre-pay \leq 48 hours of an estimate sent *(discount is for assessment services only)*

For Treatment Services Only

____ I authorize my **BDTX provider** to keep my Visa/Master Card/AEX (debit or credit) information and signature on file and to charge my Visa, Master Card, or AEX account for psychological related treatment services on a per-session basis and not to exceed the cost of services incurred.

____ I would like these services billed at the end of each session *(This is for Treatment services only and do not apply to assessments.)*

Cardholder Name: _____ *(as shown on card)*

Credit Card #: _____

3 or 4 Digit Security Code: ____ *(found on the back of your card)*

Card Expiration Date: ____/____/____

Card Holder Signature: _____ Today's Date: ____/____/____

Cardholder Address: _____
Street Apt.# City Zip
(Billing Address for Card)

Card Holder Phone: _____ - _____ - _____

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Pre-Authorized Pay by Check Contract Form

I agree that I will remit to my **BDTX provider** for all services rendered by check at the end of each session, or at the time below for all services incurred:

For Treatment Services Only:

I will provide a check to my **BDTX provider** at end of each session.

For Assessment Services Only:

7% discount with full pre-pay \leq 48 hours of an estimate sent *(Discount for assessment services only)*

\$1,000.00 retainer, & paid in full within 90 days *(We bill insurer; whatever insurer pays reduces amount owed.)*

Patient Name: _____

Account Holder Name: _____

Account Holder Checking #: _____

Acct. Holder Address: _____
Street Apt.# City Zip

Acct Holder Phone: _____ - _____ - _____