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GOOD FAITH ESTIMATE

NPI: 1265446181
Tax ID: 22-3648850

By federal law, we are required to provide patients with an estimate of the costs of the services they are requesting and/or that we are providing. Our office can provide an estimate of the services. Our fee schedule is also posted at our office. Below are the fees for our most common procedures, as well as the Disclaimer that accompanies our estimates. Please feel free to contact our office with any questions. Thank you.

<u>CPT Code(s)</u>	<u>Description</u>	<u>\$ Per Unit Fee</u>
90791	Diagnostic Interview Exam (for first therapy session)	275
96116	Neurobehavioral Status Exam (for neuropsych. Testing)	375
90832	Psychotherapy (at least 16 minutes)	180
90834	Psychotherapy (at least 38 minutes)	195
90837	Psychotherapy (at least 53 minutes)	250
96132	Neuropsych. Test evaluation by professional (first hour)	350
96133	Neuropsych. Test evaluation by professional (add'l unit)	350
96136	Test administration by professional (first half hour)	200
96137	Test administration by professional (add'l unit)	200
96138	Test administration by technician (first half hour)	175
96139	Test administration by technician (add'l unit)	175
G0515	Cognitive Rehabilitation (15 minutes)	75

Please note that for testing, charges are incurred for time spent with the patient and time for review of records, scoring, integration of results, consultation, feedback, report writing, and any other time spent for the evaluation. A comprehensive neuropsychological evaluation may range from \$3,900 to \$4,300. Other evaluations for shorter, abbreviated, or screening batteries will be less. The diagnosis or presenting problem determines what kind of test battery is chosen for administration. Please note we accept standard Medicare, Workers Comp, Personal Injury, TRICARE, and Princeton University Aetna health insurance plans. Patients are responsible for ensuring that they have active, up-to-date coverage with those insurers and to pay any co-pays or deductibles required by those insurers. Otherwise, patients are responsible for payment in full at the time of service.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance 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 4 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 Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call 1-800-985-3059. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

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