# Spader Psychological Services, LLC

## Michelle Spader-Cloud, PSYD, BCBA-D, COBA

Licensed Clinical Psychologist ● Board Certified Behavior Analyst ● Central Ohio Behavior Analyst
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## Testing Authorization Checklist

*Dr. Spader-Cloud (and possibly her billing manager) will telephone your insurance company to verify your coverage benefits. Please remember, however, that the benefits quoted to us or to you by your insurance company are not a guarantee of payment. Therefore, if insurance fails to pay the full amount, you will be responsible for the remaining balance. If you have any questions regarding your financial responsibilities with Dr. Spader-Cloud, please do not hesitate to ask.*

**Insurance Plan:** _____ **Insurance Phone Number:** _____

Is Dr. Spader-Cloud listed as In Network? ☐ Y ☐ N   If no, are there out of network benefits? ☐ Y ☐ N

For out of network benefits, is there a deductible you will be required to meet before insurance will offer reimbursement? ☐ Y ☐ N   If yes, amount: $_____

Are the CPT codes for Psychological Testing covered (96130, 96131, 96136, 96137)? ☐ Y ☐ N

If yes, is authorization required? ☐ Y ☐ N   Auth Phone Number (if provided by agent): _____

Do the CPT codes for Psychological Testing have a different deductible compared to other outpatient mental health? ☐ Y ☐ N
     If yes, what are the details? _____

Is the Diagnostic Intake (90791) covered differently than Psychological Testing (e.g., 90791 has a copay but testing codes apply to deductible)? _____

Number of hours allowed/covered for Psychological Testing: _____

Is learning disabilities testing covered (diagnosis codes include F81.0, F81.81, F81.2)? ☐ Y ☐ N

Are there any other excluded diagnoses (such as Autism Spectrum Disorder F84.0)? ☐ Y ☐ N
     If yes, please list: _____

Is there a copay (flat fee) or coinsurance (percentage)? ☐ Y ☐ N   How much? _____

Is there a deductible remaining? ☐ Y ☐ N   How much? _____

How many times is testing allowed per year? _____   Have testing benefits been used this year? ☐ Y ☐ N

Name of person you spoke with: _____ **Reference number for the call: _____