



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Date:

Patient Name:

DOB:

RE: Neuropsychological Evaluation

Thank you for referring the above individual to Rocky Mountain Memory Center (RMMC) for neuropsychological evaluation. We appreciate you entrusting RMMC with the care of this patient. In order for us to proceed with the evaluation, we will need you to complete and sign the following forms:

- | | | |
|----|---|----------|
| 1. | New Patient Registration Form | <u>X</u> |
| 2. | Reason for Referral Form | <u>X</u> |
| 3. | Authorization to Release Information to Dr. Lauren Form | <u>X</u> |
| 4. | Notice of Privacy Practices for Protected Health Information Form. | <u>X</u> |
| 5. | Consent for Neuropsychological Evaluation Form | <u>X</u> |
| 6. | Guarantee of Payment and Assignment of Insurance Benefits Agreement | <u>X</u> |
| 7. | Provider Notice to Beneficiaries | <u>X</u> |

Payment and Office Policies

Please be advised that my administrative assistant, Kate will be processing your referral. Once you have returned requested information to Kate along with **a copy of front and back of all insurance cards**, she will begin processing your referral. Questions concerning changes to appointments, last minute cancellations or unexpected delays are most efficiently handled by calling Kate at 970 221-1073.

Patients should call your insurance company and check on benefits for evaluation services. It is essential that you understand your contract benefits for requested services before scheduling an appointment.

The billing agent at RMMC is Suzie. She can be reached at 970-419-0999. Suzie will be glad to work with you in determining potential out of pocket expenses not covered by your insurance company, including co pays and coinsurance amounts. RMMC will attempt to verify what additional expenses will be *prior to* the evaluation; however this is *an estimate* and may not reflect final charges.

PLEASE NOTE: The patient **MUST** agree to complete the evaluation as indicated by *their* signature on the Consent for the Neuropsychological Evaluation form. The Medical Power of Attorney may sign for the patient on the Privacy Practices Statement, the Clinic Polices and the Authorization to Release Information. In addition the guardian or the Durable Power of Attorney may sign for the patient on the Clinic Fee Schedule.

Kathleen A. Lauren, Ed.D
Clinical Neuropsychologist
Adult and Geriatric Neuropsychology

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbcolorado.com · www.rmmemory.org



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Registration Form

Instructions: Please complete all sections. Write "same" if information is contained in, or the same as, previous sections.

Pt. Name: _____ DOB: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
Patient SS#: _____ Cell Phone: _____
Patient Email: _____

Family Member Information: (Name & Phone number of nearest relative): _____

Referring Doctor: _____ Referring Doctor Phone: _____
Referring Doctor Address: _____ Referring Doctor Fax: _____
Primary Care Doctor: _____ Primary Care Doctor Phone: _____

Responsible Party A copy of all insurance cards, front and back, MUST be returned with Packet

Name: _____ Relationship: _____ DMPOA: _____
Address: _____ Phone: _____ Fax: _____
Employer: _____ Email: _____

Insurance Information Primary Insurance: _____ Policy #: _____

Address: _____ Phone: _____
Insured SS#: _____ - _____ - _____
Name of Insured: _____ Insured DOB: _____
Employer: _____ Group#: _____
Pre-authorization required: Y N Pre-auth Phone: _____
Pre-authorization number: _____

Secondary Insurance: _____ Policy #: _____

Address: _____ Phone: _____
Name of Insured: _____ Insured DOB: _____
Insured SS#: _____ Employer: _____
Group#: _____
Pre-authorization required: Y N Pre-auth Phone: _____

Specializing in Adult and Geriatric Memory Disorders
2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073
email: RMMC@dbsicolorado.com · www.rmmemory.org



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

AUTHORIZATION TO RELEASE INFORMATION TO ROCKY MOUNTAIN MEMORY CENTER

PATIENT NAME:

DATE OF BIRTH:

I hereby authorize the person, agency, or organization named herein to release any and all information pertaining to my care to Rocky Mountain Memory Center and their professional associates.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The following information is requested at this time with regard to my care:

- _____ **History and Physical Examination-to include medical diagnoses**
- _____ **Discharge Summary**
- _____ **Current Medications**
- _____ **Neuroimaging results, including results of head CT and/or MRI**
- _____ **Neurological Consultation**
- _____ **Sleep Study**

➡ _____
Signature of Patient/DMPOA/Legal Guardian

➡ _____
Date



Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Notice of Privacy Practices

Uses and Disclosure of Health Information

Rocky Mountain Memory Center and its professional associates, uses and discloses your protected health information for treatment, payment, and healthcare operations. Specifically, information may be used for the following purposes:

- Sharing test results with other healthcare providers for confirmation of a diagnosis.
- Providing your diagnosis or other information about your healthcare to your insurance provider or our billing service to obtain payment for the healthcare services provided.
- Reviewing information as part of a quality improvement program.

Uses and Disclosures Requiring Authorization

Rocky Mountain Memory Center and its professional associates will make other uses and disclosure of protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying my office in writing that you wish to revoke your authorization.

Uses and Disclosures for Other Reasons Without Authorization

- Compliance with all laws, including report of suspected abuse, neglect, or violence. Specifically, if there appears reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited, or is at eminent risk of one of these factors.
- Responding to court or administrative orders, subpoenas, discovery requests, or other lawful process. Requests for information about your diagnosis and treatment while involved in a court proceeding is privileged under state law and will not be released without your written authorization or a court order.
- However, the privilege does not apply when you are being evaluated, or a third party, or where the evaluation is court-ordered.
- When necessary to avert a serious threat to health or safety.
- Disclosures for health oversight activities, including audit by Medicare or Medicaid or for investigation of possible violations of healthcare laws.
- Disclosures relating to Workers' Compensation programs.

Patient Rights Regarding the Privacy of Your Health Information

Subject to limitation outlined by law, you have certain rights related to the use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, Rocky Mountain Memory Center is not obligated to agree to requested restrictions;
- Receive confidential communications by alternate means and at alternate locations;
- Inspect and copy your protected health information with some limited exceptions;
- Amend your health information;
- Receive an accounting of disclosures of your health information;
- Obtain a paper copy of this notice.

Practice Duties Regarding the Privacy of Your Health Information

- Subject to limitations outlined by law, Rocky Mountain Memory Center and its professional associates, has certain duties related to your protected health information including: Rocky Mountain Memory Center and its professional associates is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- Rocky Mountain Memory Center and its professional associates are required to abide by the terms of the privacy notice that is currently in effect.
- Rocky Mountain Memory Center and its professional associates reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in the office and available upon request.

Acknowledgment of Notice of Privacy Practices

Your signature acknowledges your receipt of a copy of this notice regarding the use and disclosure of your health information. The signed acknowledgment will be retained in your medical record.



Signature of Patient/DMPOA/Legal Guardian



Date

Specializing in Adult and Geriatric Memory Disorders
2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073
email: RMMC@dbcolorado.com · www.rmmemory.org



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.




Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Consent for Neuropsychological Evaluation and Limits of Confidentiality

I understand that the purpose of this evaluation is to provide information about me for my physician or other health care provider who has requested the evaluation in order to assist in their diagnosis and treatment of me. The material from the interview and neuropsychological therapy testing will result in the generation of a report that will provide information related to diagnosis and treatment of me.

- The report generated by Rocky Mountain Memory Center and its professional associates will be sent to my physician or other health care provider and Dr. Lauren or her associates will also discuss the results of the evaluation with them.
- If desired by me or my referring provider, Dr. Lauren or her associates will also discuss the results with me and any others which I so designate by signing a release of information allowing Dr. Lauren or her associates to do so.
- If this evaluation is being covered or partially covered by my insurance Rocky Mountain Memory Center may be required to provide the insurance company with a report as well.
- I may request a copy of the report be sent to another person or agency at any time in the future by completing an additional Release of Information.
- This report, and any other information discussed in the evaluation is confidential, and it will not be shared without my permission except under the following conditions:
 - Threat of suicide
 - Threat to physically harm or endanger another person
 - Known or suspected child abuse or abuse of an elderly person

The terms of this evaluation had been reviewed, understood and agreed to by me.

 _____  _____
 Signature of Patient Date
 _____
 (Please Print Patient Name)



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Provider Notice to Beneficiary Regarding Service(s) that May Be Denied Payment by Your Insurance Carrier as “Not Reasonable and Necessary”

Notice to beneficiary from Dr. Kathleen Lauren:

Your insurance company will only pay for services that it determines to be “reasonable and necessary” under their contract with you and Dr. Lauren. If your insurance company determines that a particular service is not “reasonable and necessary” or viewed as a covered service or lead to a covered diagnosis your insurance company will deny payment for that service.

Dr. Lauren will determine the individual tests to be given during the evaluation based on the information provided by the patient and their physician. The reason for referral and the specifics in the patient’s presenting situation will determine the selected test battery. The time required to review medical records, administer and score tests as well as write the neuropsychological report will determine the final cost of the evaluation.

Although RMMC will process the paperwork to complete insurance claim, Dr. Lauren has *no advanced knowledge or control* over whether the insurance company will approve the evaluation that the patient and their physician have requested.

Beneficiary’s Acknowledgement and Agreement to Pay:

By requesting treatment from Dr. Kathleen Lauren and RMMC the undersigned accepts and agrees:

- Undersigned has reviewed Beneficiary’s insurance policy for requested services.
- In the event that the insurance company reviews the claim and deems services rendered in the Beneficiary’s behalf to be not “reasonable and necessary” or viewed as a covered service or lead to a covered diagnosis or approves fewer testing hours for evaluation than information provided by the patient and their physician the undersigned is personally and fully responsible for payment at a rate that is consistent with Provider’s contracted rate with insurance company.

Beneficiary’s Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Relationship to Beneficiary: _____

Respectfully,

Kathleen A. Lauren, Ed.D
Clinical Neuropsychologist
Adult and Geriatric Neuropsychology

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org



Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Professional Services

At RMMC we specialize in neurocognitive disorders associated with aging, neurological disease, adult attention deficit, and mood spectrum disorders. We offer state of the art neurodiagnostic assessment as well education on brain function and the interrelationship between attention, memory and strategic problem solving. At RMMC, patient education is as important as the diagnosis itself.

Our evaluation model is based on a biopsychosocial perspective and begins with a neurobehavioral interview and record review carefully integrating recent health issues, life changes and environmental stressors with prior learning style, genetic history and family background. Individual testing allows us to assess various measures of attention, information processing, motor and sensory abilities, language and spatial skills, problem solving, memory and intellectual function. You may be asked to complete several neurobehavioral questionnaires dependent upon the reason for referral.

At RMMC we make every effort to ensure the evaluation process is a non- threatening and successful experience. In fact, many patients comment that while the testing was challenging, it was fun, stimulating and a “good way to get their brain working again”. After medical records are received, evaluation materials are scored and processed; you will be called to attend a feedback session. You are encouraged to bring your family if you like. Dr. Lauren will review the test results and diagnosis, identify cognitive strengths and potential areas of weakness, answers your questions as well as offer common sense recommendations and follow up referrals as necessary.

Our Multimodal Cognitive Therapy program offers the latest research in education, instruction and intervention for adults with spectrum cognitive disorders seeking to improve the skills required to live and thrive independently. The program offers an integrative and pragmatic approach to improving cognition by combining education on memory and brain function, compensatory life skills training, learning strategies, brain wellness and computerized cognitive training. The program, including its educational materials, notebooks and learning tools were developed by Dr. Lauren specifically for her patients at Rocky Mountain Memory Center. Let us tailor a program to meet your individual cognitive needs.

Insurance Coverage

Dr. Kathleen Lauren and Rocky Mountain Memory Center is a Medicare provider as well as a participating provider with a number of major insurance carries.

In accordance with CMS standards of practice, neuropsychological service will be billed by the hour and will include time to administer tests, score tests, interpret tests/interview/records, prepare the report, and provide necessary feedback to the patient/family. For non-forensic cases, this will typically add 7-8 hours to the actual testing time and will be billed together following conclusion of the evaluation.

Payment Options

In order to make payment arrangements as convenient as possible, RMMC is willing to set up flexible payment plans as well as accepts major credit cards

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org



Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

What You Should Expect to See on Your Insurance Statement

In accordance with independent insurance standards, including the Center for Medicare (CMS): Neuropsychological and psychological service will be billed by the hour and will include time to administer tests, score tests, interpret tests/interview/records, prepare the report, and provide necessary feedback to the patient/family.

Typical Billing Codes

Evaluation, Feedback and Treatment Codes

Code	Service	Typical # Hours	Units
Billed Date of Interview			
96132, 96133	Neurobehavioral status exam	2 hrs.	
96132, 96133	Professional time: Psychologist's time both face-to-face time with the patient and time interpreting test results and preparing the report.	2 hrs.	
96116, 96121	Neurobehavioral, Executive Function, Personality and Attention Questionnaires	2-4 hrs.	
Billed Date of Testing			
96138, 96139	Technician time to administer, score and prepare assessments, questionnaires, and patient materials	8 hrs.	
96120	Computerized neuropsychological assessment	3 hrs.	
Billed Date Report Generated			
96132, 96133	Professional time for preparing dictation.	8 hrs.	
96132	Therapist time for preparing plan, report	1 hr.	
Billed Date of Feedback			
96132	Psychologist's time to review test results with patient and family	1-2 hrs.	
96133	Psychologist's time to provide further therapeutic interpretation of test results.	45 min.	
Billed Date of Treatment			
90837	Computerized neuropsychological assessment	1 session	
G0515, 90837	Psychologist's time to perform therapeutic evaluation	30-45 min.	
90837	Therapist's time to perform therapeutic treatment	30-45 min	
G0515	Cognitive education materials: MyBrain; Guide To Brain Health ; MyBook, Brain Wellness Notebook		3

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Charges, Service and Late Fees and Collection Policy

This agreement is to inform you of your financial obligation to our practice. We are pleased you have chosen to come to our clinic. Please do not hesitate to request clarification of any clinic policies or ask any other questions regarding your service. This financial agreement is intended to facilitate our ability to provide excellent service to you as well as other patients while minimizing our administrative costs.

Guarantee of Payment

For value received, the undersigned guarantor (hereinafter "the Undersigned") and/or patient (hereinafter "the Patient") promises to pay to Rocky Mountain Memory Center (hereinafter "Provider") all charges incurred for services rendered to the Patient. Please read and initial.

1. The Undersigned authorizes the Provider to release any and all medical information necessary to complete insurance claim(s) and assigns any monies due and owing under the insurance contract to said Provider. The Undersigned authorize use of this form of all insurance claim submissions. _____
2. The Undersigned understands that Provider will process the paperwork to complete insurance claim(s) as a courtesy to the Undersigned in order to save you time and to facilitate payment to our office from your insurance company. The Undersigned understands by having our office process your insurance forms, that this does not eliminate your financial obligation for your treatment. _____
3. The Providers relationship is with the Undersigned and not with the Undersigned insurance company. The obligation the Undersigned has with the Provider is to pay for treatment rendered. *The Undersigned understands that by requesting treatment from the Provider the Undersigned is responsible for payment regardless of the amount that may or may not be reimbursed by your insurance company.* _____
4. Insurance payments ordinarily are received within thirty to sixty days from the time of billing. If the Undersigned insurance company has not made payment to the Provider within sixty days, the Undersigned becomes responsible for paying the balance due to the Provider. The Undersigned will be responsible for seeking reimbursement from their insurance company at that time. _____
5. The undersigned understands that the Provider does not accept responsibility for the *outcome* of the transaction nor does it *guarantee* that the Undersigned insurance company will pay for treatment the Undersigned receives from the Provider. If the Undersigned claim is denied, the Undersigned will be responsible for paying the full amount to the Provider at that time. The Provider will refund to the Undersigned any amount subsequently received by the Undersigned insurance company. _____

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Guarantee of Payment (cont.)

6. The Undersigned understands that insurance is a contract between you and your insurance company. The Provider will not enter into a dispute with the Undersigned insurance company over any claim, although the Provider will submit necessary documentation the Undersigned insurance company requests to sort out any confusion or questions that may arise. The Provider will cooperate fully with the regulations and requests of the Undersigned insurance company. However, it is ultimately the Undersigned responsibility to resolve any type of dispute over payments made or not made by the Undersigned insurance company. _____

7. **Service Charge Policy:** Returned checks will be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). _____

8. **Missed Appointment Fee:** Please notify us at least **24 hours prior** to your appointment if you need to cancel/reschedule. All appointments cancelled less than 24 hours prior to the appointment will be charged a missed appointment fee of \$50.

9. **Late Payment Fee:** Patients will be billed for services rendered **after 60 days**. Any payment received from the insurance company after the patient has paid the practice will be reimbursed to the patient up to the amount paid by the patient.

Late Fees: Patients will be assessed 6% fee after 30 days of the first bill being sent.

Partial Payment: Patients unable to make payment in full can arrange for partial payment plan within the first 30 days only of initial bill being sent.

Second Notice: Patients will be assessed 9% fee after 30 days of the second bill being sent. _____

10. **Collection Policy:** Accounts will be sent to collections **after 60 days** of the initial billing statement, or 120 days from initial date of service, if not paid as agreed. All discounts will be removed and a collection processing fee will be added to the account. Additional fees may be added if the account is not paid within 45 days of being placed in collections. Credit bureaus are advised of unpaid debt.

We require you to initial and sign the payment agreement before we can begin to process your request of service. Your signature indicates you have read the above and agree to the terms contained therein. This agreement is irrevocable.

Responsible Party Signature: _____ Date: _____

Relationship to Patient: _____



ROCKY MOUNTAIN
Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

PATIENT NAME:

DOB:

REASON FOR REFERRAL

To better tailor an individualized neuropsychological examination to meet your needs, please describe your purpose for requesting a neuropsychological evaluation. Circle all that apply.

1. Differential diagnosis:

- Psychiatric and or neurological disorder
- Altered mental states associated with metabolic, systemic or toxic irregularity
- Type and level of cognitive disorder

2. Quantitative electroencephalogram with Loretta:

- Baseline for medication protocols
- Differential diagnosis
- Neurofeedback training

3. Acute changes in behavioral or cognitive functioning.

4. Early detection of age associated memory impairment or mild cognitive impairment.

5. Baseline evaluation to monitor changes associated with a degenerative type dementia or neurological disorders (Parkinson’s, Multiple Sclerosis, brain tumors).

6. Assessment of neurocognitive functions for the formulation of rehabilitative, behavioral and cognitive management strategies.

7. Justification and documentation for disposition decisions and various levels of residential care.

8. Adult capacity evaluations to assess functional activities of daily living required for independent living. Ability to independently manage:

- Medications
- Bill paying and finances
- Nutritional needs and meal preparation

What are the specific behaviors or issues you would like addressed in recommendations:

PLEASE NOTE: The reason for referral must meet stringent Medicare criteria for medical necessity. **RMMC does not provide evaluation for the following legal matters as they do not meet medical criteria:**

- Testamentary (Wills)
- Guardianship
- Conservatorship
- Contractual agreements (Revocation of DMPOA, Guardianship or Conservatorship)

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org



ROCKY MOUNTAIN

Memory Center

Kathleen A. Lauren, Ed.D.

Clinical Director • Clinical Neuropsychologist • Adult and Geriatric Neuropsychology

Specializing in Adult and Geriatric Memory Disorders

2801 Remington Street Ste. 1, Fort Collins, CO 80525 · Phone & Fax: 970.221.1073

email: RMMC@dbsicolorado.com · www.rmmemory.org