



**NEUROPSYCHOLOGY  
PARTNERS**

**Assessment & Therapy**

**Ann Arbor Office**  
**250 W. Eisenhower Pkwy**  
**Suite 190**  
**Ann Arbor, MI 48103**  
**Phone: 734-961-7196**  
**Fax: 734-961-7187**

**Novi Office**  
**46325 W 12 Mile Road**  
**Suite 215**  
**Novi, MI 48377**  
**Phone: 248-719-7119**  
**Fax: 248-719-7120**

Please complete the paperwork and bring your photo ID and insurance cards. We ask that you arrive at least 10 minutes prior to your appointment so that your evaluation will start on time. If you wish to pack a small snack and a drink you may. **If you currently take medication for ADD/ADHD, please do not take it the day of your appointment. No other preparations or restrictions are needed for this appointment.**

If you are unable to keep this appointment, please call the office you are scheduled in at least 24 hours prior to your appointment. Less than 24 hours' notice is subject to a \$150 no show fee.

**Note: Patients are ultimately responsible for the cost incurred from their visit. To determine your out-of-pocket cost, please call your insurance company and give them the codes below. Additionally, we have provided the number of units we bill per code and the cost per code.**

Billing Codes for Neuropsych Evaluation	Billing Codes for Psych Evaluation
90791	90791
96132	96130
96133	96131
96138	96138
96139	96139
This testing is for memory, cognitive issues, dementia, Alzheimer's or if you have a history of head injury, seizure, stroke or concussion.	This testing is for ADHD/ADD, learning disorders, mood, behavioral issues or PTSD.

**If you are a self-pay patient this does not apply. Self-pay payments are due at the time of service. Neuropsych Evaluations are \$2,500 and Psych Evaluations are \$1,500.**

## BILLING CODES, UNITS BILLED AND AMOUNT PER UNIT BILLED TO INSURANCE

Medicare Primary

BCN

Aetna, BCBS, HAP, Humana,  
PHP, Priority Health

**All Ages Neuropsych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96132	1	\$240.00
96133	3	\$210.00
96138	1	\$78.00
96139	5	\$78.00

**All Ages Neuropsych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96132	1	\$240.00
96133	3	\$210.00
96138	1	\$78.00
96139	7	\$78.00

**All Ages Neuropsych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96132	1	\$240.00
96133	3	\$210.00
96138	1	\$78.00
96139	8	\$78.00

**All Ages Psych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90491	1	\$330.00
96130	1	\$240.00
96131	2	\$210.00
96138	1	\$78.00
96139	4	\$78.00

**18 & over Psych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96130	1	\$240.00
96131	2	\$210.00
96138	1	\$78.00
96139	5	\$78.00

**18 & over Psych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96130	1	\$240.00
96131	2	\$210.00
96138	1	\$78.00
96139	6	\$78.00

**Child Psych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96130	1	\$240.00
96131	2	\$210.00
96138	1	\$78.00
96139	5	\$78.00

**Child Psych Evaluation**

BILLING CODES	UNITS BILLED	AMOUNT PER UNIT
90791	1	\$330.00
96130	1	\$240.00
96131	3	\$210.00
96138	1	\$78.00
96139	8	\$78.00

By signing below, you acknowledge that you have read and understand the information above.  
You are responsible for the cost incurred from your visit.

Patient or Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_