

Carolina Psychological Associates
5509-B West Friendly Avenue
Suite 106
Greensboro, NC 27410-4249

PLEASE READ AND SIGN

I understand and agree that psychological testing may not be covered, or not covered fully by my insurance carrier.

If you or your child, _____, are here for psychological testing, please be aware that pre-authorization does not guarantee payment or payment in full by your insurance carrier, or other third party payor.

By signing below, you are agreeing to be responsible for fees incurred for these services, if your insurance denies payment and/or revokes, reduces the units of your pre-authorization or it is not a covered service.

Client or Guardian Signature

Date