

## Behavioral Diagnostics & Treatment

Antonia Forster, Ph.D., ABPP   Michael J. Fulop, Psy.D.   Ana Cragnolino, Ph.D.  
5440 SW Westgate Drive, Suite 175, Portland, Oregon 97221  
P - 503.539.4932   F - 503-297-5744

Attached documents provide information about providers at **Behavioral Diagnostic & Treatment (BDTX)** psychology and neuropsychology practices, materials for you and teachers to complete. This packet will require some time to complete.

- For billing questions, please contact Holly Kelly at [hmackelly@aol.com](mailto:hmackelly@aol.com) or 503.446.9942.
- Questions for your specific provider? [antoniaforster@gmail.com](mailto:antoniaforster@gmail.com), [acragnolino@gmail.com](mailto:acragnolino@gmail.com), [michael@forsterfulop.com](mailto:michael@forsterfulop.com)

### **Before your first assessment session you should:**

- ⇒ *Complete as much of the packet as possible and bring it to the initial session.*
  - i. *Office Policies*
  - ii. *HIPAA, Confidentiality, and Informed Consent Forms*
  - iii. *Release of Information Form* to facilitate communications between referral sources.
  - iv. *Payment Forms*
  - v. *Clinical forms: Make copies for spouses, or for multiple teachers*
- ⇒ Get copies of all: school records, previous assessments, pertinent information and send it to the above address; or bring in for the first session (report cards, individual psych testing, standardized tests, behavior reports, I.E.P.'s or 504's).

### **Before your first therapy session** (individual psychotherapy, family counseling) extensive records are not necessary.

- ⇒ *Complete as much of the packet as possible and bring to the initial session.*
  - i. *Office Policies*
  - ii. *HIPAA, Confidentiality, and Informed Consent Forms*
  - iii. *Release of Information Form* to facilitate communications between referral sources.
  - iv. *Payment Forms*
  - v. *Clinical forms: Make copies for spouses, or for multiple teachers*

Holly Kelly can check insurance benefits prior to your 1<sup>st</sup> appointment: [hmackelly@aol.com](mailto:hmackelly@aol.com) or 503.446.9942.

- ⇒ For assessments, please bring a \$1,000.00 retainer check, unless you have made other arrangements.
- ⇒ Services can be billed to Visa/M.C. or debit card accounts on a session-by-session basis, or on regular dates.

Please give your provider 24-hour notice if, for whatever reason, you cannot attend this first appointment.

### **Important Information About BDTX's Billing & Insurance Policies and Procedures**

- **BDTX providers** [Dr. Cragnolino, Dr. Forster, and Dr. Fulop] are not participating provider for insurance panels. Sometimes insurers make mistakes and tell you a provider is on their panel, even though this is not generally accurate for most of our providers.
- Our billing specialist will bill your insurance for you, as a courtesy.
- We prefer that you remit for services as provided by Visa/MC on a regular basis, or by pre-pay, unless you have made other express arrangements Holly Kelly.
- Once your bill is paid in full [charged automatically from your Visa/M.C. or debit card] at the end of each month, we will continue to bill your insurer for them to pay whatever portion your plan will allow for out-of-network [non-panel providers]. Some insurers send you payments, but if they send them here, we make refunds once the final billing is completed.
- For treatment or consultation services [non-assessment] fees are deducted from your Visa/M.C. or HSA debit card each day the services are provided. If not using Visa/M.C., please make arrangements for paying by check on a weekly or monthly basis.

If you have questions about policies, please discuss them with Holly Kelly at [hmackelly@aol.com](mailto:hmackelly@aol.com) or 503.267.2111.

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**Pre-Authorized Health Care Payment Form Pay by Visa/MasterCard Contract Form**

**For Assessment Services Only**

\_\_\_\_ I authorize my **BDTX provider** to keep my Visa/Master Card/AEX [debit or credit] information and signature on file and to charge my Visa, Master Card, or AEX account for psychological related assessment services. I would like these services billed and charged as follows:

\_\_\_\_ \$1,000.00 retainer, & paid in full within 90 days *(We bill insurer - whatever insurer pays reduces owed)*

\_\_\_\_ \$1,000.00 retainer, & 500 per month until paid in full *(for no insurance, and credit card only option)*

\_\_\_\_ 5% discount with complete pre-pay ≤ 48 hours of an estimate sent *(discount is for assessment services only)*

**For Treatment Services Only**

\_\_\_\_ I authorize my **BDTX provider** to keep my Visa/Master Card/AEX (debit or credit) information and signature on file and to charge my Visa, Master Card, or AEX account for psychological related treatment services on a per-session basis and not to exceed the cost of services incurred.

\_\_\_\_ I would like these services billed at the end of each session *(This is for Treatment services only and do not apply to assessments.)*

Cardholder Name: \_\_\_\_\_ *(as shown on card)*

Credit Card #: \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_ *(found on the back of your card)*

Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Address: \_\_\_\_\_  
Street Apt.# City Zip  
*(Billing Address for Card)*

Card Holder Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Pre-Authorized Pay by Check Contract Form**

I agree that I will remit to my **BDTX provider** for all services rendered by check at the end of each session, or at the time below for all services incurred:

**For Treatment Services Only:**

I will provide a check to my **BDTX provider** at end of each session.

**For Assessment Services Only:**

7% discount with full pre-pay ≤48 hours of an estimate sent (*Discount for assessment services only*)

\$1,000.00 retainer, & paid in full within 90 days (*We bill insurer; whatever insurer pays reduces amount owed.*)

Patient Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Holder Checking #: \_\_\_\_\_

Acct. Holder Address: \_\_\_\_\_

Street

Apt.#

City

Zip

Acct Holder Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_