

Frequently Asked Questions about the Sharper Mind Centers® Program

In the following, we have tried to address most of the questions that callers frequently ask of us. You may have similar questions or can learn from the answers to others' questions. We would appreciate getting your feedback on how we can improve the information we provide to you.

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Overview

1. Background Information

Sharper Minds® advanced proprietary **blend of therapies** is an effective program for the treatment of Attention Deficit Disorder (ADD/ADHD), various types of dyslexia, vision coordination, auditory processing issues, learning disabilities, and other behavioral and cognitive problems. In addition, it has also been effective in the treatment of addictive behaviors, athletic enhancement and to diminish the effects of mental aging.

This premium therapy combination includes motor-sensory integration, vision, auditory and balance therapy, memory and success skills training, and more. It often addresses behavioral and social concerns. It is a **family** approach as opposed to an individual approach. Program options range from \$1500 to \$6500+ depending the service level that is the best fit for the family. Payment plans are available for some options.

Parents of children who are struggling with cognitive issues such as the aforementioned, intuitively sense that while their children may seem bright, there is something that just isn't going on right in the brain. For some, they say their child's brain just doesn't seem to be "wired up" correctly, or it is just not working as it should. This results in the symptoms of A.D.D., dyslexia, learning problems, difficult behavior, etc.

In comparing the brain to a computer which has both hardware and software, for a person to function correctly, both the hardware (the brain and its billions of trillions of connections) and the software (the brain's programs of which there are 43 processes) have to be working correctly. If either category has



defects, malfunctions (cognitive dysfunctions) will take place with the resultant frustrations, misperceptions, missed responses, poor behavior, misunderstanding of consequences, anger, withdrawals, etc.

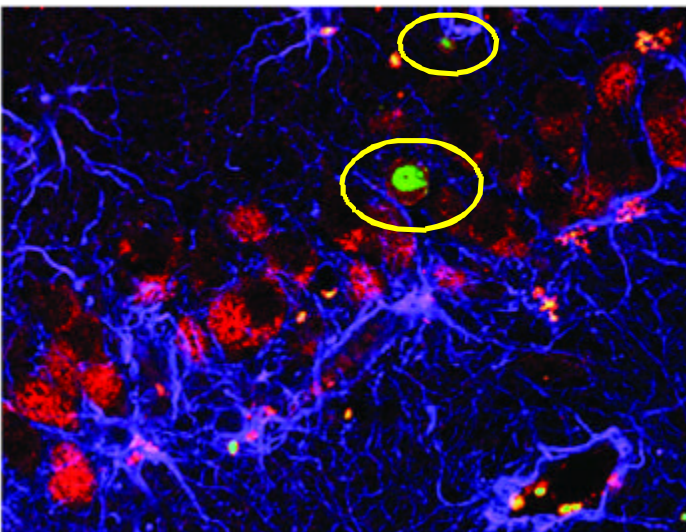
True Attention Deficit Disorder is a problem that originates in the frontal lobes of the brain which contain the part that discriminates between important and non-important stimuli. Various forms of dyslexia are problems that are associated with a region in the temporal lobe above the left ear. These, along with other organic dysfunctions such as schizophrenia, could be considered “hardware” issues.

Relating to software issues, the five most critical of the brain’s programs or processes are the ability to correctly discern **size, shape, position in space, figure ground, and directionality**; these are explained in more detail at the evaluation appointment. It is very common for children or adults who have A.D.D.-like symptoms to have moderate to severe problems in two or more of these five critical functions. When a person is having problems in one or more of these areas, the resulting behaviors are quite predictable.

Our combination therapy program works on both the hardware and software issues. It first works in promoting proper whole brain function, especially that of brain bilateral function through the use of innovative whole brain exercises. This is done through a carefully structured series of exercises involving movement of the major muscle groups (arms, legs, torso) in conjunction with multi-sensory stimuli. Each set of exercises builds on previous ones, each resulting in higher levels of mental function.

Recent studies demonstrate that the human brain has the ability to generate new nerve cells (in the subventricular zone including the olfactory bulb, hippocampus and dentate gyrus) and to have those nerve cells migrate to areas where higher cognitive functioning takes place. The Sharper Minds Program focuses on stimulating nerve growth, resulting in more lasting effects.

Secondly, we work on the brain’s programs or processes to per-



Scientists have discovered that new brain cells are continually forming (new cells circled).

mit the individual to more accurately perceive their environment and surroundings. There is more on this later in this FAQ sheet.

2. What makes your program different than other options for A.D.D., dyslexia, learning or behavior problems?

As explained in the previous section, our neural-cognitive therapy can be classified as a more “lasting type of solution” for these conditions. It is not a mask or temporary fix that wears off. **It optimizes the productive or realized intelligence of an individual**, allowing them to take greater advantage of their innate or inborn intelligence. However, **it does not remove the necessity for proper parenting or guidance.**

Other less effective treatment options for A.D.D., dyslexia and other conditions masquerading as A.D.D. include: medications (such as Ritalin® or Adderall®), herbal and vitamin compounds, tutoring, compensative skills, counseling, vision therapy, and biofeedback. The aforementioned, while they may work for some, have limited results.

- **Medications and their herbal equivalents** may only work while the child is taking them. When they wear off, their beneficial results also fade away. They may also have side effects, which many parents do not want for their kids. The National Institutes of Health (NIH), after an indepth study, concluded that medications will NOT result in a long term improvement in academic performance.
- **Tutoring** works well if a child is behind in one particular area. However, if they are struggling in many subject areas, until the neural wiring issues are dealt with, tutoring won’t be effective. Often children see some improvement while going through tutoring, but six months later seem to be back “at square one” i.e. they forgot what they learned.
- **Compensative skills** are work-arounds rather than true solutions for neural wiring problems. When the “mental crutch” is not available, behavior and performance suffer.
- **Counseling** can often be helpful, but only after the neural wiring issues are dealt with. A key deficiency with many with cognitive deficiencies is the inability to understand the consequences of actions or decisions. Until a child is able to remember and understand the link between actions and consequences, counseling may be futile. However, once a program has prepared a child or adult’s mind to learn, counseling is much more effective.
- **Vision Therapy** can be helpful for some conditions such as stimulating the improvement of visual dyslexia and eye-sight tracking. However, it is not effective for the other forms of dyslexia (such as auditory discrimination issues), True A.D.D. and other behavioral issues.
- **Biofeedback** can be helpful for some conditions by helping a child become aware of their own response to a given stimuli. However, as it does not involve movement of major

muscle groups, it cannot generate the robust nerve growth that the Sharper Minds program focuses on, and is thus much less effective overall.

3. How successful is the program?

Because of its multimodal whole brain stimulating process, the program seems to have the ability to work effectively with a wide variety of cognitive dysfunctions. Its most effective application is for issues pertaining to improper left brain development (various forms of dyslexia, difficulty reading, learning disorders, perceptual disorders, dysgraphia, math difficulties (dyscalculia), etc.). Where the issues are strictly focus or behavioral problems with minimal sign of any left brain dysfunction, while some improvement will happen, these issues usually need to be addressed in conjunction with other means.

A doctor of Education, a Dr. William Hansen, fairly well known for education-related research in Washington state, did a study of 293 families that had completed therapy with one of our predecessors (See FAQ #16) a number of years ago. Of the 293, he discovered that 284 were satisfied with the results of the program, a very high 97%. Since the Sharper Minds Program has evolved substantially from that time, it has become even more effective and families get even better results.

4. What kind of results are typically achieved?

Typical results include:

- No longer needing psychostimulant medications (60-70% are off within 12 weeks, 80-90% within 12 months)
- Reading jumps to expected reading grade level (an avg. of 3.5 overall)
- Better grades (going from Ds and Fs, to As and Bs is normal for fairly bright kids, or to Bs and Cs for more average kids)
- Auditory discrimination issues are eliminated
- Improved behavior due to reduced frustration and anger
- Better able to focus and concentrate.
- Better self-control; fewer emotional outbursts or tantrums.
- Improved social skills, attitude and motivation.
- Better hand-eye and overall coordination, and athletic ability.
- Improved ability to set and attain goals.
- More enthusiasm for school and life in general.
- Less likely to lie, cheat, or steal.
- Increased perseverance without anger.
- More adaptable to constant changes to situations and environments.
- Increased ability to evaluate and handle criticism.
- Able to break projects into easily completed tasks.
- Reduced or eliminated addictive tendencies.
- Better able to stay on task, hold a job or perform productively.
- Improved mental edge in a competitive world.

Not everyone sees improvement in all areas as each individual is different, nor will **ALL** children get off of medications, since there are number of factors beyond our control. But significant improvement is seen in most areas.

5. Does this program just deal with kids or can adults benefit too?

Both kids and adults can benefit. Most people come to us experiencing pain or frustration with the lack of progress that their child is making in school or in their home. Having tried medication, dietary changes, allergy testing, nutritional supplements, tutoring, remedial reading, and most every other method, they are looking for something that really works. Sharper Mind Centers and its predecessors have worked with hundreds of individuals from ages 3 to 90. Nerves and neural pathways can be developed at any stage in life. Sometimes couples join the program just for fun, to strengthen their mental processing skills as well as their athletic abilities by improving their hand/eye coordination. Businessmen may also realize a dramatic improvement in their ability to deal with daily stress and information overload. Even some seniors have found some benefit for sharpening up their mental faculties. Since Sharper Mind Centers focuses on whole family solutions, the entire family benefits.

6. How old does a child have to be to start the program?

Even though our Centers have evaluated children as young as three, our recommendation is to start the program at age six. The most typical ages range from 7 to 14 years old. However, from experience in dealing with hundreds of families, we strongly recommend not waiting or delaying in seeking effective help for a struggling child. Without the program, parents often say that a child's behavior and academic skills degrade with time, especially as the hormones of adolescence begin kicking in. The most common ages of the children that parents call us are between 8 and 12. Those who wait until a child is 15 or older may find it more difficult to motivate or control the teen enough to get them through the program. Loving parental discipline and control is a very important ingredient that we also address in the program.

7. How long does the program take?

Anything worthwhile takes time to grow and develop. Nerves do not grow overnight. The Sharper Minds program takes approximately a year to complete but may take longer for more severe conditions. For the in-office program, we allow 52 sessions or 58 weeks (whichever comes first) to complete the program allowing for up to six absences from the weekly sessions.

For some families where a child is very developmentally delayed (mentally retarded), a customized program that spans 2-3 years may be needed.

The program may take shorter or longer to complete depending on the coach's discipline in overseeing the child's progress. Spending more time in doing the exercises usually means the beneficial results come faster.

8. Is there a definite end to the program or does it continue on and on like some behavioral counseling?

Depending on the child's skill level when they enter the program, some customization may be needed at the early stages. Once they have achieved a basic competency, then they follow pretty much a planned course through to a definite end. Since the program focuses on whole brain therapy, most every deficient area will improve.

At the completion of the last set of exercises, there is a final evaluation to demonstrate the level of improvement. Comparing the before and after tests often shows dramatic improvement. Often grade reports are the fastest indicator of improvement. Since the neurologic connections once grown are as permanent as anything in this life, there is no need for remedial neural-cognitive therapy. Tutoring and counseling, if needed at all, will be much more effective after the therapy. If one wishes to, they can certainly brush up periodically on the exercises at home, or use the techniques we use to learn other materials.

9. How involved is the parent's role in the therapy?

To minimize expense and to maximize success, at least one of the parents is expected to work with the child an hour a day, five days a week. The sessions do not have to be in one continuous time block. For example, the hour might be broken into: 20 minutes before going to school, 20 minutes after school, and 20 minutes in the evening. The parents should be sensitive to the attention span of their children. As the program continues on, the student's ability to focus will increase and perhaps an entire hour session can be done at one time. If the parents wish to have a more hands-off approach, for an additional charge, the Center can set up sessions three, four or five times a week where the therapist/trainer works exclusively with the child.

It is very important that the parents keep the session a positive experience for the child so that they will look forward to each training session. Giving hugs and verbal encouragement at the successful completion of an exercise can give the child additional confidence to keep on working the program.

10. What does the therapy consist of?

The first focus of the therapy is to improve bilateral brain function using movement of the major muscle groups in a unique manner that stimulates the brain to grow the connective nerve pathways through the corpus callosum. We add in multi-sensory mental stimuli: sight, sound, hearing, muscle-movement feedback, touch and speech. As capabilities improve, we use distractions to increase performance under stress. We also incorporate life and program success skills,

essential to common sense approaches to dealing with challenges either in the program or life in general. As many A.D.D. children act out and misbehave, we also provide parents with parenting tools and techniques which help regain loving control of the child. How the above methods, techniques and therapy are actually carried out will be taught to participating families at the appropriate times.

11. How soon can I expect results after we start therapy?

If the training is done as we instruct, with the parents doing an hour-a-day of training with their children in a positive atmosphere, most parents see some results within 8-12 weeks. Some parents notice a difference with just 3-5 weeks of consistent effort! However, nerve growth takes place at different rates in each individual and it may be triggered by different exercises at different stages of the program. If the child or family is experiencing a chronic stressful situation or environment, which slows down new neuron production in the brain, it will delay progress. Some of the best results take place near the end of the program with the last couple of modules.

12. My child is on Ritalin, Adderall or other psychotropic. How soon could I expect him or her to be off the meds?

Our evaluation often reveals that a child doesn't have True ADD/ADHD (an irregular mental tempo), but rather has a problem in one or more of the critical mental processes or information processing problems. While psychotropics like Ritalin, Dexedrine, Adderall and others may work for children with True ADD/ADHD, and may sedate (or in slang terms "stone") a distractible child giving the impression of improved behavior, psychotropics may do little for a child that does not have True ADD/ADHD. Many frustrated parents report a personality change, a loss of a sparkle in the eyes, or a "zombie-like" state, anxiety, depression, loss of weight, insomnia, facial tics, etc., when their children are on these medications.

If the evaluation reveals that the child DOES NOT have True ADD/ADHD, then most parents take their children off the meds right away. Ritalin, Dexedrine, and Adderall are Class 2 controlled substances like cocaine. And according to a study published in the Journal of the American Medical Association (JAMA), these share almost identical pharmacological properties. Another study recently released demonstrated conclusively that children placed on psychotropics are substantially more likely to later become addicted to stimulants such as amphetamines and cocaine.

Most parents intuitively sense that these powerful drugs, while they may have some apparent benefits, are not the long term answer to their child's problems. Many children do not like the "buzz" or how they feel when on these meds. The Sharper Minds therapy deals directly with the causes behind the ADHD-like symptoms for which the child was put on med-

ications in the first place.

If a child DOES have True ADD/ADHD, with or without some form of information processing problem, when therapy begins, the progress the child makes is usually adequate enough so that **they can reduce or be off of medication within 8-12 weeks (~70%)**. If there is a chronic stressful family or academic situation or environment, if the biological mother smoke, drank or did drugs during the early months of pregnancy, if the biological father smoke, drank or did drugs within 6 months of impregnating the woman, or there was a low fetal oxygen condition due to hard labor or complications during delivery, it may take longer. In a few cases where there is continued abuse, neglect, lack of or excessive discipline, an overbearing, hypersensitive or intolerant parent, etc., or when there are significant non-neural wiring issues (unaddressed food allergies, high sugar or caffeine diet, etc.), adults may perceive that the child should continue on medications. In reality, these issues need to be addressed, often through professional counseling to deal directly with them.

13. Why have many psychiatrists and other professionals done away with the diagnosis of dyslexia?

Without the right tools, it is difficult to diagnose the various forms of dyslexia. Furthermore, you can't treat dyslexia effectively with medications. Through the American Psychiatric Association, pharmaceutical companies with their massive marketing efforts have convinced many professionals, especially doctors and educators, that Attention Deficit Disorder doesn't exist, only Attention Deficit Hyperactivity Disorder (ADHD) and that ADHD is treatable with medications. Thus from a professional standpoint, it is easier to try to fix the outward ADHD-like symptoms with medications than to admit they don't really have an answer or solution to the dyslexia problem or the non-hyperactive form of ADHD. Conventional thought says you can't treat dyslexia. Fortunately, conventional thought in this case is wrong.

14. I thought dyslexia had to do with letter reversals or spelling things backwards.

A broad definition of dyslexia might be "any inability to work accurately and efficiently with words, whether **written** or **spoken**." As both reading and speech are left-hemisphere functions, dyslexia is often a dysfunction of the left temporal lobe, often coupled with a lack of proper connectivity and communication between the brain's hemispheres.

Dyslexia comes in a variety of forms. Letter or word reversals are simply one aspect of dyslexia. Dyslexia is often a result of a moderate to severe deficiency in one or more of the five most critical mental processes. These are Size, Shape, Directionality, Figure-Ground (the ability to pull detail out of the background - for example what one has to do to find "Waldo" in a "Where's Waldo" picture) and Position-in-Space. None of these are ADHD, though inadequacy in one or more of

these areas may manifest as distractibility and produce ADHD-like behavior and symptoms.

15. What kind of credentials does your staff have?

The first criteria we look for in a trainer is someone who loves kids and enjoys working with them, especially kids that are troubled or having difficulties. This takes a unique kind of person with substantial emotional fortitude. It is easier to teach someone who is excellent with kids the technical details of what we do, than to teach an "ivory tower" type of person how to relate to kids.

That being said, at this time, all of our staff that work directly with clients have some sort of license or certification from the State. Our Program Director is a sharp dual board-certified Medical Doctor. Even though she is not a psychiatrist, she has a natural gift for understanding the mind and how it works, and has aggressively pursued knowledge in this field. She is also a certified child abuse expert, and has served as an expert witness for several cases. Other degrees, licenses, certifications or training that we have used include Ph.D. (Psychology), MSW, masters of professional counseling, teaching, etc. Since what we do is unique, in addition to the therapist's background training, they undergo 2-3 months of theoretical and practical training specifically in our field before they begin working solo with clients. There is currently no licensure or certification by any state specifically for what we do.

For the weekly therapy, our staff acts mostly in the position of facilitators. The parents actually become the primary therapists working daily with the children. Thus the program is elegantly simple; simple enough for parents to oversee and do the practical work, yet very effective.

16. How long have your Centers been around?

The founders of Sharper Mind Centers®, Inc. previously operated under the legal names of Learning Disability Clinics, Inc. and Learning Disability Clinics of Oregon. After leaving



the Excel network of which it was part of, yet recognizing there was more to brain development than the Excel program, the founders of Sharper Minds did extensive research of the best methodologies for brain and learning development and created a much more effective program. When we refer to our predecessors, we are referring to the founders' offices operating under the Excel name, other Excel system offices and the other names under which Excel's founders have done business

The founders took their first client on board in December of 1998 in the west Portland, Oregon area (Beaverton) office. As of March 2006, we have administered well over 1000 evaluations and have worked with over 475 client families from all around the USA and with some international clients as well.

We have been Honor Roll members of the Oregon-Western Washington branch of the Better Business Bureau since 1999. For the BBB's information about our company, dial their automated line at: 503-226-3981. At the prompt, press 1. Enter our main local number: 503-641-5707. Then press 1. The co-founders of Sharper Mind Centers have been in business since 1992.



17. How long has the methodology been around?

The Sharper Minds program is based upon and confirmed by the work and research findings of a number of individuals, generally doctors and researchers (PhDs) in the fields of education, neurology, and eye or hearing-related health.

Various components of the program include parts of:

- Vision therapy
- Auditory therapy
- Physical & Occupational therapy
- Sensory-Motor Integration
- Balance therapy
- Memory utilization skills
- Success Skills Training and more

The foundations for most of these go back at least 35-40 years, and have continued to evolve since then. They have been used with thousands of children and adults. Sharper Minds, after working with many families, has created a synergistic time-efficient blend of the above therapies to produce the most effective program available today. It will optimize results for a wide variety of cognitive conditions.

18. Is it possible to get some references, to actually talk to people are who in the program or have completed it?

We are happy to provide as many references as you feel you need (within reason). However, as might be expected, we are concerned about our clients' privacy. To reduce the number of calls that they handle, we ask that people wait until after their evaluation to call them. After the evaluation, we will provide you with a list of families that are willing to talk with parents.

When your family has completed the program, we ask that you be willing to share your results with others as well.

19. Do you have any Centers in my area?

See the Center Locations section of our website (www.SharperMindCenters.com) for an updated list of the locations of our current Centers. Currently our main office is in the west Portland, Oregon area (Beaverton), and we have branch offices in Clackamas, Oregon, Salem, Oregon, as well as east Vancouver, Washington. We have licensed a number of professionals to use our method with their clients as well. Please call for areas that may be serviced. If you know someone or an institution, school, clinic who would be seriously interested in becoming an authorized provider, please let us know.

If you are long distance from a Center, we have very effective options available for you including our full long distance program, a fast start long distance program, and a home training kit. You may call toll free 1-866-HELP-A.D.D. [1-866-435-7233] and talk to someone at the main office to discuss your unique situation or visit our long distance FAQ page at http://www.sharpermindcenters.com/faq-long_distance.htm. Our policy has been to permit transfers to a Center closer to a family once that option becomes available.



Testing and Evaluation

1. What does your evaluation cover?

The evaluation provided by Sharper Mind Centers is an objective comprehensive process involving graphics, drawing, writing, reading, instructions, and emotional aspects. It takes about two hours for a therapist evaluation, and about three hours for a medical doctor or psychologist evaluation. During the evaluation, the evaluator looks at a number of the Critical Brain Programs, and many other aspects. The goal is to find the specific area of the deficiency. Many children labeled as A.D.D. or ADHD are found to have one of the various forms of dyslexia, or lacking in some other critical brain program development. Specifically we examine for the following:

- Family History - Genetic and other components
- Possibility and probability of the various causes and occurrence of ADD/ADHD behavior
- Preferred mode of learning (seeing, hearing, doing)
- Age of Neurologic development
- Adequacy of the following mental programs: 1. Shape, 2. Size, 3. Position-in-Space (one's or something's location physically, mentally, socially relative to others or other things), 4. Figure Ground, 5. Directionality, and 6. Angle.
- Orientation towards skimming and/or detailing
- Auditory Instruction Test
- Random Alphabet Recognition Test

- True ADD/ADHD (Irregular mental tempo)
- Ability to remember and follow instructions
- Right-left brain integration
- Eyesight Spelling Memory
- Auditory Phonetic Memory Test
- Stress Response
- Brain dominance
- Image retention
- Self Esteem Test
- Eyesight Recognition Test
- Eidetic-Phonetic Memory Test
- Auditory Discrimination skills (auditory dyslexia)
- Reading Recognition of Words/Reading Grade Level

If you don't understand all the above, they'll be explained in more detail at the appointment and in the written evaluation report explanation section.

2. How soon will we have the results of the evaluation?

Most parts of the evaluation are self-evident and the evaluator will discuss the more obvious finding with you before you leave the appointment. Parents usually have lots of questions afterwards, so the evaluator will take some time to answer these. In preparation for the written test report, the evaluator will examine the evaluation documents and family history questionnaire more closely and if appropriate, run them by our medical doctor for her review and input. Thus it may be expected that the written test report conclusions are going to be more detailed, and may vary slightly from the verbalized preliminary conclusions.

Generally, you should receive the written test report within 10-14 days. If you need it sooner (e.g. for a school meeting), please let the evaluator know in advance. We may be able to e-mail you a .pdf file of the report so that you may have it sooner.

The report consists of two sections; the first is a two pager giving our findings and conclusions for the person evaluated. The next seven or so pages explain the items tested for and how those affect the way a person thinks and behaves.

3. Do one or more parents need to be present during the evaluation?

If the child's parents are married, both are required to be present during the evaluation. If the concerned parent is single, we ask them to bring a trusted friend or one of the child's grandparents with them to observe the evaluation and with whom they can discuss the results afterwards. At the beginning of the session, the doctor or therapist doing the evaluation will ask questions of both parents to get a broader perspective on the child. The nature of the evaluation is such that the deficiencies are generally obvious to the parents and observers, and the appropriate course of treatment can be discussed. Parents find the results truly eye-opening. Since we try to be objective

in our testing, we may not recommend the Sharper Minds Program if we feel the child's needs lie elsewhere, or feel that factors beyond our control may compromise the effectiveness of the program.

4. What is the fee for the evaluation?

Compared to other psychological or psychiatric tests (fees of \$1,000 are not uncommon), the Sharper Minds evaluation is priced very competitively at just **\$395** for a therapist evaluation, or **\$545** for an M.D. evaluation. A small scheduling fee/deposit (\$100) is taken at the time the appointment is scheduled. The balance is payable at the time of the evaluation. We accept cash, check, Visa, MasterCard, American Express, and Discover Card.

The fee per additional person evaluated at the same appointment is **\$295** (therapist) or **\$395** (M.D.). Add an extra hour per person to the length of the appointment. Check our website at www.SharperMindCenters.com/fees.htm for the most current fees.

5. Will my medical insurance pay for the evaluation?

Sometimes. It depends on several factors. Ask yourself:

1. Do I have mental health coverage and coverage for diagnostic evaluation? i.e. do I have coverage for the codes for the service? (see Question 6 below)
2. Have I met my insurance deductible requirements?
3. Do I have out-of-system provider coverage?
4. Is the evaluation being done or reviewed by a licensed medical practitioner?

However, medical insurance reimbursement should not be the main criteria as to whether or not you have your loved one evaluated. Reimbursement should be considered a pleasant serendipity when it happens.

If you wish to request reimbursement, the best route seems to be to do the evaluation, then submit a copy of the statement with the diagnosis and procedure codes to your insurance company for reimbursement. The worst they can say is "no." Sometimes they will say "yes."

Sharper Minds does not bill insurance directly and the services must be paid at the time of the evaluation. Billing insurance is a time consuming and expensive process. And only about 20-25% of insured people have insurance that might cover what we do. To benefit these, we would have to substantially raise our prices and this would profoundly affect the other 75-80% of our clients (such as private pay patients or clients who do not have appropriate coverage). Sharper Minds would rather focus on your family's needs and keep our prices low than play the insurance game.

For your convenience, we accept cash, checks, Visa, MasterCard, American Express and Discover Card as forms of payment.

6. I'd like to check with my insurance company to see if I may have coverage for the evaluation or therapy. What are the typical Codes for these?

You or your child's future is much too important to let someone else decide that future for you. It should only depend on what YOU decide, NOT your insurance company. Make the best decision for your family and get financial help from somewhere else if necessary. Insurance reimbursement should be looked at as a serendipity, an extra bonus, but don't count on it.

If a medical doctor does the testing, the **CPT** (Current Procedural Terminology) **code is 96101** for the testing and report. If a therapist does the testing and depending on where the evaluation is performed, time is distributed among a combination of codes. Three hours are allocated for the visit and two to three hours for report preparation and review. These CPT codes are:

- CPT 96101 - report review by physician
- CPT 96102 - testing by technician/therapist
- CPT 96103 - testing administered by computer

	<u>Therapist</u> <u>Main Office</u>	<u>Therapist</u> <u>Branch Office</u>
- CPT 96101	1 hr.	1 hr.
- CPT 96102	4 hrs.	5 hrs.
- CPT 96103	1 hr.	--

The description is: "Cognitive Disorder Evaluation for Attention Deficit Disorder (ADD/ADHD)/Cognitive Dysfunction. Includes Neurobehavioral status exam and Neuropsychological evaluation battery with interpretation and report."

The diagnosis codes (ICD-9 codes) that might apply include:

- 294.9 Cognitive Disorder, NOS ("Not otherwise specified")
- 299.8 Asperger's Disorder
- 299.00 Autistic Disorder
- 307.9 Communication Disorder, NOS
- 307.23 Tourette's Disorder (tics)
- 312.9 Disruptive Behavior Disorder, NOS
- 313.81 Oppositional Defiant Disorder
- 313.9 Disorder of Childhood, NOS
- 313.89 Reactive Attachment Disorder
- 314.00 Attention Deficit Disorder (inattentive type)
- 314.01 Attention Deficit Disorder hyperactive-impulsive type
- 314.9 Attention Deficit Disorder, NOS
- 315.00 Reading Disorder (difficulty reading)
- 315.1 Mathematics Disorder (dyscalculia)
- 315.2 Disorder of Written Expression (dysgraphia)
- 315.39 Phonological Disorder (difficulty making proper speech)
- 315.9 Learning Disorder, NOS

The 315 series is rarely covered by medical insurance plans. For medical insurance reimbursement purposes, we use the popular definition of ADHD, which is very general and broad.

Regarding reimbursement for the ongoing therapy, **the credentials of the person administering the procedure are just as important as the procedure codes.** A Masters level

counselor (LPC candidate) under **indirect** supervision may be administering the ongoing therapy sessions.

Depending on which procedure code your company and policy is most likely to reimburse for, the following codes may be used (varies between company and plan):

CPT 90806 Office-based outpatient psychotherapy 45-50 min.

CPT 90847 Family psychotherapy (with patient present)

CPT 97532 Development of cognitive skills to improve attention, memory, problem solving, includes compensatory training and / or sensory integrative activities, direct (1:1) patient contact by the provider (15 minute intervals).

CPT 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (1:1) patient contact by the provider (15 minute intervals).

7. What program options do you offer?

We offer a variety of program options and payment plans. For the most current fee structure, visit our fees page at **www.SharperMindCenters.com/fees.htm**. Based upon the evaluation, we can make a proper recommendation.

- Home Training System (includes 6 phone sessions)
- Twice a Month Program (two visits a month)
- Full Local Program (visit every week)
- Full Long Distance Program (see website for details)
- Blended Local/Long Distance Program (visits & phone appointments)

We can also create customized programs to deal with unique cases such as diminishing the effects of mental retardation or Asperger's. These require special attention.

More details about the options can be discussed at the evaluation appointment, once our staff has had a chance to analyze your family's particular situation and needs.

8. How do I set up an appointment for the evaluation?

Simply call toll free **1-866-HELP-A.D.D.** [1-866-435-7233]. In the Portland, Oregon area, call **503-641-5707**. The staff at our headquarters office will be happy to discuss available times with you. As with many professionals, a small scheduling fee is charged at the time of booking which is credited towards the evaluation fees at the appointment.

Why not call today?

1-866-HELP-A.D.D. (435-7233)

National Headquarters: 503-641-5707

www.SharperMindCenters.com

