



## **Comprehensive Psychoeducational Assessment**

### **ADMINISTRATIVE POLICIES AND FEES**

#### **SERVICES AND FEES**

Comprehensive Psychoeducational Assessment: includes a parent interview and information-gathering discussions, review and synthesis of background materials, screening for social, emotional and behavioral issues, assessment of the cognitive processing abilities and skills that affect learning and school performance, assessment of academic skills in reading, writing, mathematics and oral language, interests and strengths assessment, and a written report detailing the student's profile of learning strengths and weaknesses with a detailed learning plan. Findings are discussed at a parent feedback meeting and a separate follow-up meeting with the student.

Fee: \$6,000

Families who wish to schedule an assessment are requested to provide 50% payment (\$3,000) in advance to reserve the first assessment appointment. The balance (\$3,000) of the total fee is due upon the completion and delivery of the written report.

Consultation: Initial discussions to discuss the student and family's situation and whether an assessment is needed or not are billed at my hourly rate of \$300. If the family pursues an assessment with me, such charges will be deducted from the first installment of the assessment fee.

For a reasonable period of time after an assessment has been completed, I will continue to make myself available to answer questions and help parents implement recommendations without additional charge.

Families who wish to continue to consult beyond this period of time will be asked if they wish to do so on an hourly fee basis. The hourly rate is \$300. Consultations are charged in 15-minute unit blocks at the rate of \$75 per unit block. Lengthy e-mail communications will be billed in the same manner. Consultations with other treatment providers (e.g. therapists, executive function coaches, advocates) following the assessment will be billed based at the same rate.

Classroom visits to observe students as part of the assessment and visits with school administrators or attendance at PPT, IEP, or other meetings after the assessment will be billed at the hourly rate of \$300.

The preparation of an optional special school report will be billed at my \$300 hourly rate. An estimate of the time required to prepare such a report can be made after discussing what the family wants.

#### **BILLING AND PAYMENTS**

Cash, checks, and credit card payments are accepted. Receipts will be provided. One detailed invoice in a form which I believe should be acceptable to most insurance companies will be provided to the family upon request. Any further phone conversations with insurance companies or requests for information will be billed at my hourly rate.

#### **CANCELLATIONS**

Because appointments are scheduled weeks in advance, if you must cancel or reschedule, please do so as far in advance as possible so I can attempt to schedule another student for the time slot we had scheduled for your child. I check my e-mail regularly, and every attempt will be made to reschedule your child for another date.

Cancellation of other appointments (e.g. school meetings) requires 24-hour's notice. Otherwise, I will have to charge the full estimated fee at my hourly rate for my intended attendance at the appointment.

**INSURANCE REIMBURSEMENT**

I do not take insurance. Although some insurance companies will cover the cost of a psychoeducational assessment, families are advised that reimbursement cannot be expected in most cases. It is best to enter into the process with the expectation that the family will be responsible for payment in full.

**CONFIDENTIALITY**

Because I do not take insurance, I am not required to meet all confidentiality rules provided in the Health Insurance Portability and Accountability Act (HIPAA).

There are, however, some exceptions. I often thank the referral sources who recommended me to you. If I learn of child abuse, neglect, or other serious threats of harm to a child, I may take protective action. I am ethically permitted to release information to prevent potential acts of suicide. If you or your child are required to testify about your case in a court of law I may be required to testify and compelled to respond to an irrevocable court order. Finally, if you file a complaint or lawsuit against me I may need to disclose information in our defense.

I have read, understood and agree to abide by the above policies and fee schedule.

Signature \_\_\_\_\_

Relationship to Child if a minor \_\_\_\_\_

Date \_\_\_\_\_