

Comprehensive Psychoeducational Assessment

ADMINISTRATIVE POLICIES AND FEES

SERVICES AND FEES

Comprehensive Psychoeducational Assessment: includes a parent interview and discussions, review and synthesis of background material, 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 vulnerabilities with recommendations. Findings are discussed at a parent feedback meeting and a separate follow-up feedback meeting with the student.

Fee: \$7,500

Families who wish to schedule an assessment are requested to provide 50% payment (\$3,750) in advance to reserve the scheduled appointments. The balance (\$3,750) of the total fee is due upon scheduling the parent feedback session.

Consultation: Initial consultations to discuss the student and family's situation prior to arranging for a comprehensive assessment are billed in 15-minute increments (of \$87.50) at my \$350/hour rate. If the family decides to go forward with an assessment with me, one hour of the consultation fee (\$350) will be deducted from the \$7,500 fee for the assessment.

For a reasonable period of time after an assessment has been completed, I 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 \$350. Lengthy e-mail communications will be billed in the same manner.

Consultations with other treatment providers (e.g., therapists, executive function coaches, advocates) will be billed at the \$350 hourly rate. Classroom visits to observe students, visits with school administrators, attendance at school PPT or IEP meetings, etc. will also be billed at the hourly rate, unless we have agreed in advance that this is integral to the assessment and will be part of the base fee.

BILLING AND PAYMENTS

Cash, checks, and credit card payments are accepted. Receipts will be provided if requested. A charge of \$35 will be levied for checks returned due to insufficient funds.

CANCELLATIONS

Because evaluation appointments are generally scheduled months 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 voicemail and e-mail regularly, and every attempt will be made to reschedule your child for another date.

Cancellation of other appointments (e.g., school meetings, parent feedback meetings, student feedback sessions) requires 24-hour's notice. No shows and late cancellations are costly to my practice and limit access to care for other families, as I would likely have scheduled another appointment for the time I reserved for you. Even if another family would not have been scheduled for the same time slot a no-show disrupts my day and work flow. When an appointment time has been reserved for your family, whether in-person, via zoom, or by phone; kindly provide me with 24-hours advance notice if you need to cancel or re-schedule.

All no-show appointments are subject to a \$175.00 fee (30 minutes of my hourly rate). You will be billed directly for the no-show fee using the credit card I have on file for your family.

INSURANCE REIMBURSEMENT

Although some insurance companies will cover the cost of a psychoeducational assessment, families are advised that full reimbursement cannot be expected in most cases. It is best to enter into the assessment process with the expectation that the family will be responsible for payment in full. Upon request I will provide an invoice for you to submit a claim to your insurance company. If your insurance company requests additional information from me, I must bill for the time it takes me at my hourly rate as appeals can be very time consuming.

CONFIDENTIALITY

The information that you and your child share with me is protected under confidentiality rules found in the codes of ethics of the American Psychological Association, the Health Insurance Portability and Accountability Act (HIPAA), and the laws of the State of New York and your home state.

There are, however, some exceptions. I may thank the referral sources who recommended me to you, unless you would prefer that I not do so. 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 my defense.

PARENTAL CONSENT

Please sign below if you have read, understood and agree to abide by the above policies and fee schedule.

Signature _____

Relationship to Child if a minor _____

Date _____