

Private Payment for Psychological Testing

I understand that by opting not to use my insurance benefits, that I will be responsible for full payment for the evaluation services. These services include payment for diagnostic interviewing, testing, scoring, interpretation of results, a feedback session, and a written report. I am choosing not to use my insurance benefits for this evaluation service because either my insurance did not authorize what my provider requested and felt was necessary to perform an appropriate professional evaluation, or because I have decided to pay privately for the evaluation.

Terms of Payment

Payment is due at the time of service. I understand that half the agreed upon fee will be due at the time of the first testing session and that the final balance will be paid at the time of feedback, or my comprehensive report cannot be released.

Parent/Guardian/Patient (if over 18yo)

Date