

Paul D. Connor, Ph.D.
Neuropsychological Assessment Services
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FINANCIAL ARRANGEMENT/AGREEMENT

Welcome to the neuropsychological assessment service provided by Paul Connor, Ph.D. I anticipate that the proposed neuropsychological assessment will be valuable to you. With any new professional relationship, it is appropriate to discuss financial arrangements in advance. I will be glad to more fully review any questions that you might have at the initial interview, but this guideline addresses many of the specifics regarding fees.

Unless previously agreed upon, there is a \$150.00 hourly fee for the assessment. The payment schedule for assessment procedures, report generation, reporting conference, and follow-up phone conferences are cited below. The “full” battery (including assessment, reports, feedback session, academic, intellectual, and neuropsychological measures of ability status) takes approximately 10 to 12 hours (\$1,500.00 - \$1,800.00). Obviously this estimate can vary, according to review of previous assessments and the individual’s test-taking stamina, etc.

SERVICE DESCRIPTION	FEE SCHEDULE
Initial Interview and Assessment	Payment for first 5 hours of assessment (\$750) due on date of service
Feedback Conference/Results	Payment for balance of hours of assessment (approximately \$750 to \$1,050) due on date of service
Phone Conferences/Correspondence (>15 minutes)	Full Payment billed to Client (Minimum Charge \$37)

Personal checks, cash, or credit card are gladly accepted. Delinquent accounts are subject to a 1.0% interest fee on the unpaid balance. A reasonable interest charge will be added to the unpaid balance or, if there is a default payment, referral will be made to a collection agency. Failure to keep an account in good standing will cause further services to be withheld. The client or family is fully responsible for the payment of fees. **I will not bill third party carriers. Please contact you insurance carrier in advance of the actual assessment to determine whether they will reimburse you for this service, as each policy differs according to your group or private plan.** It is usually helpful if the referring physician submits a brief formal request for services. He/she is free to call me about wording for this letter. **Your full payment, as describes above, is due and payable on the day of each session.**

Notice of cancellation must be provided at least 48 hours prior to a scheduled appointment. If you fail to show up for a scheduled appointment, you will be charged a minimum of \$400.00 for neuropsychological testing “no show.”

I look forward to working with you and remain available to answer any questions which you might have.

Your signature below indicates that you have read and understand the above information.

Client/Legal Guardian (circle one)

Date

Witness

Date