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Contract for Psychological Assessment

Patient: \_\_\_\_\_ Financially responsible party: \_\_\_\_\_

Date: \_\_\_\_\_

Please **initial** next to each item unless it is crossed out:

\_\_\_\_\_ I agree to a psychological assessment for me/my child with Poehailos, Dupont, & Associates, PLC.

\_\_\_\_\_ I understand that my insurance company may cover some, but not all, of the costs associated with this assessment and that I am financially responsible for all remaining amounts including copays, deductibles, and services rendered that my insurance policy does not cover.

\_\_\_\_\_ I understand that there may be charges associated with report writing that will be billed to my insurance during and after testing for this assessment has been completed. The number of units billed to me will be based on the time needed to collect data, complexity of the report, and the number of assessment measures included in the assessment.

\_\_\_\_\_ I understand that the good faith estimate of how many units of testing and report writing included in this assessment will be no fewer than \_\_\_\_\_ and no more than \_\_\_\_\_. The CPT codes submitted to insurance companies in regard to psychological assessments are 90791, 96130, 96131, 96136, 96137, and 96146.

\_\_\_\_\_ I understand that there may be additional fees related to record review, consultation (including phone calls and meetings), and educational planning that are not covered by my insurance and will be priced according to the Auxiliary Fee Schedule as provided to me by my clinician. I understand I will be billed as these services are rendered.

\_\_\_\_\_ I understand that Academic/Achievement Testing is not covered by my insurance company and all Academic/Achievement testing is a direct charge at the time of service.

\_\_\_\_\_ I understand that should I call to cancel an assessment appointment with less than 24 hours' notice, or no-show for the appointment, I will be charged in full for the session. Assessment is billed by the hour and the fee is \$225 per hour. A missed appointment is not billable to insurance and my credit card on file will be processed for the full amount.

By signing below, I acknowledge that I have read and understood the previous statements and agree to move forward with the assessment process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Patient Name:

Date:

This is a sample list of the different assessment measures that may be/are anticipated to be administered as part of the assessment. **This list is not meant to be a final determination of what measures will be included and does not include clinical interviews or report writing.** A complete list of the measures administered will be included in the report.

	<b>Cognitive/Intelligence Scales</b>
	Wechsler Series (WPPSI-IV, WISC-V, or WAIS-IV)
	Woodcock-Johnson IV
	Woodcock-Johnson IV Test of Oral Language
	Beery-Buktenica Developmental Test of Visual Motor Integration (1 unit)
	NEPSY
	Others:
	<b>Attention and Executive Functioning</b>
	Barkley Adult ADHD Rating Scale-IV
	Conners' 4th Edition
	Conners' Adult ADHD Rating Scales 2
	Test of Variables of Attention Visual, Auditory
	Test of Variables of Attention Visual, Visual
	Behavior Rating Inventory of Executive Function
	Others:

	<b>Behavioral/Social Assessments</b>
	Achenbach System of Empirically Based Assessments
	Autism Diagnostic Observation Schedule
	Behavior Assessment System for Children
	BASC Parent Relationship Questionnaire
	Social Skills Improvement System
	Social Communication Questionnaire
	Social Responsiveness System
	Gilliam Autism Rating Scale
	Trauma Symptom Checklist for Children
	Trauma Symptom Inventory-2
	Symptom Checklist-90-R
	Brown E/F
	Vineland Adaptive Behavior Scales-III
	Others:
	<b>Personality/Emotional Functioning</b>
	Minnesota Series (MMPI or MMPI-A)
	Millon Series (MCMI-4, MACI, MPACI)
	Thematic Apperception Test/Roberts Apperception test

	Personality Assessment Inventory
	Rorschach Inkblot Test
	Sentence Completion Test
	Others:
	<b>Academic Achievement Tests (not covered by most insurance plans)</b>
	Woodcock-Johnson IV Tests of Achievement
	Wechsler Individual Achievement Test-III
	Nelson-Denny Reading Test
	Gray Oral Reading Test
	Young Children's Achievement Test
	Others:
	<b>Auxiliary Services (not covered by insurance plans)</b>
	School Observation (\$150/hour including travel time)
	School Consultation in Person/Meeting Attendance (\$150/hour including travel time)
	Report Summary Sheet (a truncated review of results and recommendations for school or other professionals)
	School, Parent, or Other Professional Consultation by Phone (\$55/15 minutes)