

Poehailos, Dupont & Associates
887B Rio East Court
Charlottesville, VA 22911
434-220-4686]

Contract for Psychological Testing for Adults

Patient: _____ Date: _____

Referral Questions: _____

Tests/Procedures Requested and Fees:

Cognitive/Intelligence Scales

____ Wechsler Adult Intelligence Scale– Fourth Edition (2 units @ \$225.00/unit)

____ Woodcock-Johnson IV Tests of Cognitive Abilities (2 units @ \$225.00/unit)

____ Other _____ (____ unit(s) @ \$200.00/unit)

Academic Achievement Tests

____ *Woodcock-Johnson IV Tests of Achievement (2 units @ \$225.00/unit)

____ *Other: _____ (____ unit(s) @ \$225.00/unit)

Behavioral Rating Scales

____ Barkley Adult ADHD Rating Scale—IV (BAARS-IV): ____ forms (1 unit @ \$225.00)

____ Behavior Rating Inventory of Executive Function (BRIEF): ____ forms (1 unit @ \$225.00)

____ Other: _____: ____ forms (1 unit @ \$225.00)

Measures of Personality/Emotional Functioning

____ Minnesota Multiphasic Personality Inventory (1 unit @ \$225.00)

____ Thematic Apperception Test (1 unit @ \$225.00)

____ Rorschach Inkblot Method (2 units @ \$225.00/unit)

____ Other: _____ unit(s) @ \$225.00/unit)

Report Writing: ____ * ____ Units @ \$225.00/unit = _____

I understand that testing/evaluation measures indicated by an * are not reimbursed by my health insurance and I agree to pay those fees. Other fees may not be reimbursed by insurance and/or managed care companies. I agree that fees will be remitted to Poehailos, Dupont & Associates (PDA) on the day of testing.

Signature of patient

Date