

Poehailos, Dupont & Associates, PLLC

8878 Rjo East Court
Charlottesville, VA 22901

Phone: (434) 220-4686

Fax: (434) 220-4687

Website: www.pdakids.com

Contract for Psychiatric Evaluation

Patient: _____

Financially responsible party: _____

Date: _____

Please initial next to all of the following items.

_____ I am agreeing to psychiatric assessment for me/my child with Poehailos, Dupont, & Associates, PLC.

_____ I understand that my insurance company may cover some but not all of the evaluation procedures administered as part of this assessment and that I am financially responsible for all remaining charges.

_____ I understand that there may be additional fees related to record review, extended or prolonged appointments, consultation (including phone calls and meetings), case conceptualization/formulation, medication assessment and ordering lab work that are not covered by my insurance. I understand I will be billed as these services are rendered.

_____ Additional fees for services not covered by my insurance (which include review and interpretation of all previous and current test results, determination of diagnoses, creation of recommendations, and

treatment planning) for this assessment is \$175per hour. I understand that payment for these services are due at the time services are rendered. These fees are determined by the level of assessment complexity, referral questions, and variety of assessment measures administered.

_____ I understand that there may be co-payments, co-insurance, and deductible costs based on my insurance plan that are direct charges to me.

_____ 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 \$175 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