Neuropsychological and psychological assessments are comprehensive and complicated, depending on the diagnostic question. The fees are determined by the level of complexity and assessment protocols we choose to assure that we answer the question and provide you with a professional and valid assessment report. The process has multiple steps. First, we begin with a lengthy intake, we will collaborate with other providers, with your authorization, if indicated. Generally, we will schedule two or three sessions for testing. When we are finished administering the selected batteries, we will score the data, conceptualize, and integrate our findings into a final formal written report.

**Description or Professional Services by Stages of Testing and Hourly Charges:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Stages of the Assessment Process** | **Range hrs.** | **Rate/hr.** | **Total Cost Range** |
| Intake Session | 1-2 | $250 | $250- $500 |
| Feedback Session | 1 | $250 | $250 |
| Administration/Testing | 2-6 | $250 | $1000- $2000 |
| Scoring and Interpretation | 1-4 | $250 | $250-$1000 |
| Conceptualization and Formal Write-up | 2-8 | $250 | $750-$2500 |
| **Estimated Range – Cost for Assessment** | **7-21** | **----** | **$1650-$5150** |

**Evaluation Battery Costs**

|  |  |
| --- | --- |
| **Assessment Category** | **Costs** |
| Neurological Assessment: Executive Functioning (ADHD) | $1650 |
| Neurological Assessment: Fitness-For-Duty | $1650 |
| Neurological Assessment: Executive Functioning/ Mood Disorder Differential | $3200 |
| Psychological Assessment: (e.g., Workman’s Compensation, and Social Security) | $3500 |
| Neurological Assessment: Autism (i.e., Adaptive, Intellectual, Behavioral, Social Emotional, Memory, and Executive Functioning). | $5150 |
| Neurological Assessment: Dementia/Intellectual Impairment/TBI | $5150 |

**Payment Schedule:**

Once you and your practitioner determine the cost of the assessment based on the case complexity and the diagnostic question, we will require the following payment schedule:

Intake: Payment of $250.00 will be due.

Testing session #1: 50% of the total cost will be due.

Testing session #2 balance of the total charge will be due.

|  |  |
| --- | --- |
| ***Official Use Only (to be determined by practitioner after intake session)*** | |
| **Assessment Stage** | **Payment Due** |
| Intake Session | $250.00 |
| Testing Session 1 (50% of Total) |  |
| Testing Session @ (Balance Due) |  |
| Full Assessment (Total Paid) |  |
| Feedback Session | $250.00 |

**Signature:**

|  |  |  |
| --- | --- | --- |
| Patient Name: |  |  |
| Patient Signature: |  | Date: |
| Parent/Guardian Name: |  | Relationship to Patient: |
| Parent/Guardian Signature: |  | Date: |