

Financial Agreement

Fees for Psychological Evaluations		
Please check the box for the assessment you and your clinician	n have agreed to pursue:	
Comprehensive Psychological Assessment	\$5,000	
Comprehensive Autism Spectrum Assessment	\$6,000	
Initial Deposit		
To hold your position for testing we require a \$100.00 deposit	which is collected via credit card. This deposit will be	جَ
applied as a credit towards your final payment.		
Payment		
Payment for your assessment is collected in full during the clir the following steps in the assessment process: holding your sp of testing administration and scoring, formulation of personalines results, and completion of a feedback session where your clinical	pot for testing, all the required testing sessions, compized recommendations, delivery of a written report o	oletion utlining
You may pay with cash or by check, made payable to the Cent processing fee for any check that is returned. If you prefer to prefer will be added to the total cost.		
Adjustments		
Occasionally, it becomes clear that additional tests are recomm	nended in order to best address your areas of need i	n the
assessment. Pricing listed above may be adjusted depending o	on specific assessment needs. The evaluator will infor	m you
of these recommendations and will need your consent to any	potential fee changes or additional tests.	·
Print - Name of Client	Date	
Signature of Client or Parent/Guardian if client under 18	 Date	
Name and Signature Provider	 Date	