Lepage Associates
Solution-Based Psychological & Psychiatric Services
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LEPAGE ASSOCIATES CLINICAL EVALUATION SERVICES AND FEE AGREEMENT
(This form is for NON-FORENSIC cases. If your evaluation will be used in court, ask for another form.)

THIS FORM, SPECIFIC TO EVALUATIONS, IS AN ADJUNCT TO THE GENERAL MENTAL HEALTH SERVICES FORM. YOU MUST HAVE ALSO FILLED OUT THAT FORM WITH YOUR CONTACT INFORMATION. IF YOU HAVE NOT ALSO FILLED OUT AND SIGNED THE MENTAL HEALTH SERVICE AGREEMENT, PLEASE ASK FOR THAT NOW. THANK YOU!

Regarding estimates of time: When an hourly fee applies instead of a flat fee, we will provide an estimate of the total number of hours the case will take and will track our time throughout; should the case take less time, we will return funds for hours unused, and should the case take additional time, we will require payment in full up front of an estimate of time remaining to complete the case.

Regarding refunds: We do not offer refunds if you are unhappy with the evaluation, report, clinical suggestions or recommendations; we do not offer refunds if your insurance company refuses reimbursement of our services; we do not offer refunds under any circumstances.

NOTICE OF EMAIL OF FINAL REPORT: It is our experience clients like to receive an electronic copy of their report for their records, even though email cannot be guaranteed a secure communication format. Because clients tend to prefer this, we will send you a copy of your report via email unless you tell your clinician you do not want to receive the report via email. If you do NOT want your report emailed to you: (1) tell your clinician directly and (2) CROSS OUT the lines on page2 about email.

FORMAT FOR PROVIDING EXTENSIVE RECORDS: *Occasionally, people provide us records for us to review and use in their evaluation. Most often these records are not extensive, and an e-copy and hard copy of each will suffice, simply emailed as an attachment and mailed or dropped off for the hard copy. Rarely, but occasionally, especially in a full battery, there may be extensive records you wish to provide us. If that is the case, here is how we ask extensive records be provided to us. Please do not give us originals (you should keep those). Thank you.*
(1) We must be provided with a hard copy and an electronic copy of all records. We will not review records unless we have been provided e-copies and hard copies formatted as described herein. (2) The electronic copy of records can be sent as individual attached records for up to five records; more than five records must be attached as one zip file. (3) Hard copies of over five records must be neatly organized in a binder, and tabbed using the headings listed in #4 herein. (4) A typed list of what is being provided must be included using these headings: Legal Records; Medical Records; Mental Health Records; School Records; Texts and Emails; Photos/Audio/ Video. (You may add other headings as needed.) This list must be in a Word document in the e-copy, so we may cut and paste the list of what you provided into the final report; thus, this list should not include any commentary about items provided. List should include for each item the professional entity and specific clinician as applies, date(s) of records, and brief description if needed. Here are some examples:
UNC Pediatrics, John Doe's medical record (02/04/2013-04/02/2015)
Barbara Lowe, Ph.D., therapy session notes for Jane Doe (1/4/17-11/10/17)
East Chapel Hill High School, Julie Doe's report cards (7/21/2016-3/16/2017)
Text Messages between John Doe and Jane Doe (dated 08/10/2014 to 10/09/2016)

PLEASE BE SURE TO SIGN PAGE 2 AND FILL IN ALL INFORMATION;
KEEP PAGE 1 FOR YOURSELFAND TURN IN PAGE 2 TO US. THANK YOU.

Referral Question (What do you hope to learn through evaluation?): _____

_____

_____

Please circle to indicate type of evaluation (ask for help if you are not sure):

Full Psychoeducational: $1,495.00
IQ or Achievement: $425.00
Neuropsychological: $1,495.00
Readiness for Kindergarten: $650.00
IQ and Achievement: $850.00
Autism-Spectrum Evaluation: $1,995.00
Expanded Neuropsychological: $1,995.00
Comprehensive Assessment of Functioning: $89.00
(also known as: School Success Screening)

School Observation: $175.00 per hour / Estimated time: _____

Psychological Evaluation: $1,495.00
Full Battery: $2,550.00
MMPI-2: $250.00 (feedback session $80.00)
Rorschach: $325.00 (feedback session $80.00)
Expanded Psychological Evaluation: $1,995.00
(to include psychological + substance abuse)
Adoption Readiness: $825.00 couple; $495.00 individual
MMPI + Rorschach: $575.00 (feedback session $80.00)

Comprehensive ED Assessment: $1,995.00
Brief ED Assessment: $625.00
Bariatric Evaluation: $600.00
ED and Substance Abuse Assessment: $1,495.00
ED Risk Assessment: $475.00

Other psychological testing: $175.00 per hour
Estimated time: _____
Testing: _____

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DOCUMENT AND THE MENTAL HEALTH SERVICE AND FEE AGREEMENT, AND AGREE TO ABIDE BY THEIR TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

In particular, please note the following important statements:
·Payment as described above is due up front; the evaluation will not begin until payment is received.
·If for any reason payment in full has not been made, the report will not be released until payment in full is made. This is standard practice in our field for evaluations and there are no exceptions to this policy; no report will be released under any circumstances until payment in full has been made.
·Unless you cancel 48 hours in advance, the hours blocked for your evaluation will be billed at $175.00 per hour. Depending on the type of evaluation, between 2-4 hours will have been blocked for you.
·We do not offer refunds under any circumstances.
·Fees apply for bounced checks: amount due + 10% late fee, our collateral time to rectify at $175/hour, plus any and all fees of outside services used to collect the debt.
·By signing below, you ask and agree to receive your evaluation via email and understand the risks.

Please sign and date below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about.
I have read and understand the Lepage Associates Clinical Evaluation Services and Fee Agreement. I agree to the statements herein including the terms of payment and emailing of the report.

_____ _____ _____/_____/_____
(Signature) (Printed Name) (Date Signed)