

Lauri L. Korinek, Ph.D., LLC, PC
Licensed Psychologist, Neuropsychologist

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ASSESSMENT BILLING AGREEMENT

Psychological assessments are billed at a rate of \$150 an hour for all activities related to the assessment. This typically includes (1) clinical interview (client and parent if applicable), (2) testing sessions, (3) scoring, data entry, and interpretation, (4) report generation, and (5) feedback session(s). Depending on the nature of the assessment, it may also include collateral contacts with mental health professionals, teachers, medical professionals, etc.

Below are estimates for typical evaluations
Fee includes feedback session, collateral contacts, and report generation

Full battery assessments (intelligence testing, achievement testing, projective and objective testing)	\$1,950 to \$2,200
Full battery assessment with intelligence testing, projective and objective testing, no achievement testing.	\$1,750 to \$1,900
Learning disability or ADHD assessment with objective testing	\$1,400 to \$1,875
Personality assessment (projective and objective testing)	\$1,400 to \$1,600
Neurocognitive (dementia) assessment	\$1,500 to 2,500
Neuropsychological assessment	\$2,175 to \$3,300

The figures above are estimates only, to help with your planning. Your particular needs and situation should be discussed with Lifespan Psychological Assessment, LLC before proceeding. If you prefer, a firm fee can be decided upon at the onset of testing, unless any additional testing is requested by you. If the fee is beyond your means, options to streamline the assessment can and should be discussed, including doing fewer tests,

abbreviated or no report, or other arrangements. Payment is generally split, with approximately half of the anticipated fee due at the onset of testing, and the remaining balance due at feedback. Please feel free to discuss other payment options.

Many insurance policies provide partial to total coverage for psychological assessment services. Your insurance (personal, group, private, governmental, partial payment or full payment) is a contract between you and your insurance company; it is not an agreement between the insurer and Lauri L. Korinek, Ph.D., LLC. This means that your account with Lauri L. Korinek, Ph.D., LLC is your responsibility regardless of insurance coverage. We will gladly provide a hard copy billing statement and any other information you may need to file your insurance claim. Since you will have already paid for the services received, the insurance reimbursement should be made directly to you.

Dr. Korinek kindly requests that any changes or cancellations be made at least 24 hours in advance. Any missed appointment with no notice of cancellation will be charged a \$150 fee.

I have read the preceding information, it has also been provided verbally, and I understand the billing policies of Lauri L. Korinek, Ph.D., LLC.

Print Client's Name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent
