



NC CENTER FOR COUNSELING AND PSYCHOLOGICAL  
SERVICES, PLLC

**Services and Fee Agreement**

I have opted for NCCCPS to complete the following type of evaluation for myself or  
my child (**please check/click one only**):

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|---|--|
| <input type="checkbox"/> Full Psychoeducational Eval (\$2000)   | <input type="checkbox"/> ADHD Testing (\$1200)                       |
| <input type="checkbox"/> IQ + Achievement Only (\$1400)         | <input type="checkbox"/> Abbreviated Psychological Eval (\$1000)     |
| <input type="checkbox"/> Early Entrance to Kindergarten (\$800) | <input type="checkbox"/> Full Psych + Full Psycho-Ed (\$2500)        |
| <input type="checkbox"/> Neuropsychological Eval (\$2500)       | <input type="checkbox"/> Substance Abuse Eval (\$2000)               |
| <input type="checkbox"/> Full Psychological Eval (\$2000)       | <input type="checkbox"/> Substance Abuse + Memory/Cognitive (\$2500) |
| <input type="checkbox"/> IQ Testing Only (\$500)                |  |
| <input type="checkbox"/> Developmental/Autism Eval (\$2200)     |  |

**Payments/Insurance Reimbursement**

- For self-pay clients, full payment is due prior to the start of the evaluation. We accept cash, check or credit card. You may submit payments via the Simple Practice website.
- For clients wishing to file with insurance, we encourage you to check with your insurance prior to the evaluation to learn about your benefits related to psychological services and assessment.

**Policy on Late Payments (For Insurance Clients/Cancellations/No-Shows):** If a balance accrues beyond 30 days and no payment is received, we reserve the right to seek payment by any means, including using the credit/debit information we have on file, retaining a collection

agency, and taking legal action in court. We may be willing to work out a client payment plan that includes a reasonable period for resolving the balance. We reserve the right to withhold complete copies of psychological evaluations until full payment is received. Also note that if payment is not received within 30 days of the evaluation, a 20% late fee will be added to the total on a monthly basis until the balance is paid unless a payment plan has already been agreed upon by all parties and a contract is signed.

**Refunds:** We do not offer refunds under any circumstances.

**Returned Checks:** A \$35 fee is applied for returned checks, plus a 20% monthly late fee.

**Cancellation/No-Show Policy:** A minimum of 48 hours' notice is required for rescheduling or canceling an appointment. A fee of \$75 will be charged for appointments that are cancelled less than 48 hours prior to the appointment. This fee may be waived in cases of a serious or contagious illness or emergency and is at the discretion of the psychologist. A fee of \$150 will be charged if the client fails to attend the appointment without notice or correspondence.

Your signature below indicates that you have read the preceding information in full and understand the information. Your signature indicates that you agree to the statements herein and the terms of payment.

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Client or Parent/Guardian Signature

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Printed Name

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Date