

Chelsea Place Psychological Services, PLLC

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Clifton Park, NY 12065

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PRIVATE PAYMENT AGREEMENT

I, _____, understand that the evaluation/consultation for my child, _____, will be covered by (circle one): private pay school district other (specify): _____

Our practice bills at a rate of \$200.00 per hour for consultation and evaluation services. Most developmental evaluations range from 6-12 hours depending on the specific referral question, and typically involve (all times are approximate):

- Record review (1-2 hours)
- Parent interview (1-2 hours)
- Diagnostic testing and scoring (3-6 hours)
- Parent/school feedback sessions (1-3 hours)
- Report writing (1-2 hours)

School observations are billed at a flat rate of \$250.00 and include a 1-hour visit (observation/team consult) and a brief written summary. With prior authorization, our consultants are available to extend their visit; the \$200/hour rate will be billed to the requesting party. For travel, a reduced rate of \$100.00 per hour is applied.

School District payment sources need to be secured prior to scheduling an appointment with our practice. Written confirmation (i.e., letter from district) including such approval is needed. If prior authorization has not occurred, payment for services rendered will be the responsibility of the client and/or parent/legal guardian.

Private Pay Clients need to have a credit card number on file. Final payment is expected at the last appointment, otherwise the balance will be charged to the credit card on file.

Print Name: _____

Signature: _____ Date: _____

Payment Source Credit Card: Visa MasterCard / Cash/Check

Name on Card (please print): _____

Number: _____ Exp. Date: _____ 3 Digit Code: _____

Signature: _____ Date: _____ Billing Zip Code: _____