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Cognitive Remediation
Neuropsychological & Psycho-educational Evaluations
Biofeedback & Neurofeedback
Psychotherapy

Low Cost Neuropsychological Evaluation Contract

This evaluation is the same as the usual \$3750 evaluation, but is designed for those with low incomes. Please respect this intention.

The patient (16 and older) or parent will be responsible for the \$2000 fee, paid directly to Dr. Thomas. Insurance might cover some or all of the fee, but we do not accept assignment. The adult should sign and return this sheet with the deposit in agreement to these terms. This program or terms may stop or change at any time.

1. No-Fault, Workers Compensation, Medicaid and Medicare are not included in this program. All work is supervised and signed by Dr. Thomas.
2. If you want to send the receipt to your insurance company, please get a prescription from an MD for a Neuropsychological Evaluation (CPT code: 96118) dated before the first session if there is a medical necessity. Please note that learning disability evaluations are often not covered by insurance; however they may be tax deductible. It is your responsibility to deal with your insurance company.
3. Reports will be completed about 3-4 weeks after the last testing date, when all materials needed to complete the evaluation are received, and your payment obligation is made.
4. Testing for this program is done Monday, Tuesday and Wednesday, 10:00am-4pm. Lateness is billed \$25 per 15 min – so be on time! Testing time is typically about 8-9 hours, over a few days.
5. This program does not apply to children under the age of 16 years old.
6. Because this program may be popular, there may be a waiting list of several weeks.
7. A deposit of \$500 (checks are made out to Dr. Thomas; no credit cards) is required to reserve the first testing appointment, and the balance is to be paid at the final testing session. Reports are not released until the bill is paid in full. Cancellations with less than 48 hours notice are charged \$300 for this cancelled session. We do not provide electronic copies of these reports.
8. Your signature states that your total family income is less than \$60,000 per year for the last two years, verified by submitting that last two years of IRS 1040 tax forms, and that there are no savings to cover the usual cost (\$3750) of the report. This program is designated for those with minimal assets. Your signature agrees to these terms.

Sign here

Date