

Contract for Psychological Testing Evaluation

I, _____, request that Reid Whiteside, Ph.D. conduct a psychological evaluation of me (or my child) and prepare a written report of test findings and recommendations. I agree to complete questionnaires, rating scales, and tests honestly to the best of my ability. I will notify the examiner if I have limitations or needs due to any temporary or longstanding condition or disability that may affect my performance. I request testing primarily for (initial to indicate purpose):

- ___ Clinical/Medical purposes, e.g., to diagnose, evaluate symptoms, recommend treatment, assess progress, for admission to treatment programs, pre-operative screening, etc.
- ___ ADHD & Psychiatric Differential, e.g., evaluate impact of ADHD vs. anxiety/depression, etc. on functioning
Not usually covered by health insurance policies:
- ___ Educational purposes, e.g., to identify aptitude, achievement levels, learning styles, strengths and weaknesses, for instructional planning, program placement, etc.
- ___ Eligibility, e.g., for disability services, accommodations on standardized test administrations, school or workplace accommodations, flight certification, pre-employment or fitness-for-duty examinations, etc.
- ___ Other, e.g., self-understanding, career interests, pre-marital counseling, etc.
- ___ Forensic*, e.g., custody-related mental health evaluation, mitigation and disposition in criminal law, etc.
*(*Evaluation for legal purposes is available but requires discussion in advance and a separate contract)*

Dr. Whiteside agrees to administer the tests and procedures listed in the planning at the rates specified, and to prepare a written report of findings intended to address the referral questions. The evaluation may or may not identify or confirm a diagnosis and/or impairment; however, even if confirmed by testing any requests for accommodations or eligibility may be denied by a school, agency, or organization. Testing is time-intensive and requires expensive materials, technology, and processing expenses. Charges must be paid at the time of each test session or with credit card pre-authorization. Report preparation may require many hours outside of sessions, so charges for writing the report must be paid in advance.

Health insurance companies may restrict coverage of psychological testing: they may require pre-authorization; limit the number of hours total or in the same day; exclude certain expenses, diagnoses, or purposes; etc. Insurance policies cover only "Medically Necessary Services;" that is, testing for clinical purposes to assess symptoms, diagnose disorders, evaluate ADHD vs. anxiety/depression, identify treatment needs and progress, for admission to treatment programs or elective surgery, etc. It is the patient's responsibility to determine what benefits and restrictions apply through his or her policy.

For those covered by BCBS-NC and NC State Health Plans:

If I am covered by a plan in which Dr. Whiteside participates, I (patient or parent) am responsible for all costs not covered by BCBS or the NC State Health Plan including deductible, co-payments, co-insurance, charges for denied services, and for all test processing expenses and applicable administrative fees (e.g. mailing). I am responsible for obtaining authorizations (if applicable) and compliance with the insurer's restrictions or quotas. BCBS and NC Health Plan retroactive claims MUST NOT be filed at a later date if in-network claims' filing is not requested and authorized in writing before the first test is administered.

All:

I understand and agree to the terms of this Contract for Psychological Testing Evaluation.

Patient or Parent of Minor Patient

Date

Reid Whiteside, Ph.D.

Date