

Solara Psychological



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Court-Ordered & Forensic Evaluation Payment Consent Form

Client Name: _____

DOB: _____

Case Type (e.g., Custody, Criminal, Parenting Capacity): _____

Solara Psychological Services provides specialized psychological evaluations for legal purposes. These evaluations require significant clinical time, document review, and legal documentation, and they are subject to a strict payment policy.

Please read and initial each section below:

1. Evaluation Fee

I understand the total fee for my evaluation is \$2,500.00. This includes the clinical interview, testing, scoring, interpretation, and written report.

This fee does not include court testimony.

2. Retainer Deposit

I agree to pay a non-refundable deposit of \$1,500.00 to schedule my evaluation. My appointment will not be held until this payment is received.

3. Final Balance

I understand the remaining \$1,000.00 must be paid at least 48 hours prior to my evaluation date. If the balance is not received, my appointment will be automatically canceled.

4. Cancellations & No-Shows

I understand that cancellations made with less than 72 hours' notice will result in forfeiture of the retainer.

I understand that cancellations made within 48 hours or failure to attend will result in being charged the full evaluation fee.

5. Legal Testimony & Additional Services

I understand that any court testimony, deposition, or legal preparation is billed separately at \$300/hour.

I also understand that special requests (e.g., expedited reports, additional copies, or written statements) may incur additional fees.

6. **Payment Methods**

I understand that acceptable forms of payment include cash, credit/debit card, certified check, or Solara's secure online payment portal.

7. **Acknowledgment of Policy**

I have received and read the Formal Payment Policy for Court-Ordered & Forensic Evaluations and understand that all communication regarding fees will be documented in my record.

Client Acknowledgment and Signature

By signing below, I confirm that I understand and agree to the payment terms for my evaluation. I acknowledge that failure to comply with this policy may result in cancellation of services and/or forfeiture of fees.

Client Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Clinician/Staff Witness: _____

Date: _____