



## Fee Schedule and List of Services for Clinical Evaluations

**Notice: The contact only pertains to clinical (i.e., not forensic or court) evaluations. Please contact me for information related to forensic or court evaluation services for a different list of fees.**

Thank you for your interest in my services. The areas that I am asked to address most frequently relate to neuropsychological and/or psychological testing. A current copy of my curriculum vita (CV) can be found at [www.drbyanbushman.com](http://www.drbyanbushman.com)

### Testing Procedures / Fees

My typical procedures in conducting an evaluation is to meet with the family or individual for 1-2 hours to do a clinical interview. (A check or payment according to my hourly rate - see below- is expected on the date of this service). This interview allows us to determine if a full evaluation is necessary. If it is not necessary, then a bill/ report is produced according to the hourly rate to write up the findings.

If a full evaluation is needed, the person or family will be scheduled on a different date to conduct testing. Most full evaluations take between 6 - 10 hours to complete, which includes face-to-face time, scoring and write up time. (The person or family will be informed if more than 10 hours is expected.) I do not bill insurance, so half of this amount is expected on the day of testing. The other half will be expected on the day a report is produced and given to the family or individual. (This report will be kept on file by me for 3 years.) The report can be given to schools and medical providers to request services and document diagnoses; however, it will not be useful for court-based evaluations.

My hourly fee for a clinical evaluation is \$150 per hour. At this time, I do not provide testing services for persons under age eight. Examinees are expected to be verbal and fluent in English. They should also be able to tolerate being alone with the examiner because standard testing procedures do not allow others to be in the testing room.

Once again, the clinical interview generally requires 1-2 hours to complete. During this interview, the examinee and/or family will be asked detailed questions about presenting problems, treatment, limitations and capabilities, medical history, and activities of daily living. The neuropsychological tests I administer typically require several hours for the examinee to complete. While I generally vary the battery of tests prescribed depending on the examinee's background and presenting problem, I administer tests that assess mental functioning (including intelligence testing), effort and personality. The following tests are among those that I frequently administer:

- *Wechsler Adult or Child Intelligence Scales*
- *Wechsler Memory Scale – Fourth Edition (WMS-IV)*
- *Delis-Kaplan Executive Functioning System (D-KEFS)*
- *Minnesota Multiphasic Personality Inventory – 2<sup>nd</sup> Edition (MMPI-2:RF)*
- *Shipley Institute of Living Scale-2*
- *Various Continuous Performance Tests (CPTs)*



After I complete my examination (and if requested), I provide a written report. I usually complete this report within 30 days after my examination. I also ask that the use of mobile telephones be limited by the examinee. Mobile telephones must be set to vibrate mode or be turned off completely. No recordings will be made through smart phone.

### **No Shows/ Late Cancels**

I enforce the following cancellation policy for scheduled full examinations: (1) no cancellation fee applied if the appointment is canceled 72 hours or more in advance; (2) \$250 if canceled 24 to 72 hours in advance; and (3) \$500 for no-show or appointments canceled with less than 24 hours in advance.

### **Invoicing**

An invoice will be generated. Payment is due 30 days upon receipt of an invoice and shall be directed to *Bushman Consulting Services, PLLC*. For a full evaluation, half of the cost is to be paid on the day of testing and the other half once the report is complete. If payment is not received within 30 days of the invoice, interest shall accrue at the rate of 5% percent per month until paid. If it becomes necessary to retain the services of an attorney to collect any balance due, you agree to pay all attorney fees and costs associated with the collection of this account. You also agree to waive trial by jury.

### **Service Agreement**

"I would like Dr. Bushman and Bushman Consulting Services, PLLC to provide services in the case of \_\_\_\_\_ [DOB: \_\_/\_\_/\_\_] (Name and date of birth of examinee). I have read this letter (dated 7/23/2023). I understand by signing this agreement that I will abide by the aforementioned fees associated with this case. I, my firm, and/or my client shall be jointly and severally responsible for the payment of all fees as explained in this letter. I also recognize that all protocols generated in this case are proprietary and the property of *Bushman Consulting Services, PLLC*. Based on the type of service requested, testing results will be made available either verbally or in writing; however, consistent with APA ethical standards, I understand that test protocols, which are proprietary, can only be released to a duly-authorized psychologist. Unless arrangements are made otherwise, I understand that Dr. Bushman will keep test protocols and results on file for 3 years from the date below."

Signature and DOB of person requesting services: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date:

Address:

Direct Telephone #:

Email: