Barbra McDowell, Ph.D.
Professional Psychology Group, Inc.

Pediatric Neuropsychology
Clinical Psychologist
PSY 15622

NEW PATIENT INFORMATION/REGISTRATION

(PLEASE PRINT)

Patient Name _____ Date of Birth ___/___/___ Age _____

Party Responsible for Account (if there is insurance this should be the insured person's information)

Name _____ Date of Birth _____/_____/____

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____ Driver's License Number _____

Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Work Phone (_____)_____ Occupation _____

Home Phone (_____)_____ Cell Phone (_____)_____

Email Address _____

Person to Notify in an Emergency _____

Street Address _____

City _____ State _____ _Zip _____

Relationship to Patient _____ Phone (_____)_____

Referred by _____

Primary Insurance Information

Name of Insured _____ Date of Birth _____/_____/____

Primary Insurance _____

Insurance Mailing Address _____

City _____ State _____ Zip _____

Ins. Phone Number (____)_____Insured's SSN _____

Insured's Relationship to Patient: Self _____ Spouse _____ Child _____Other _____

Insured'sPolicy/Certificate Number _____Group Number _____

Financial Agreement:

I fully understand and agree to the following:

1. I am fully responsible for all fees in connection with professional services rendered to me or my minor child/dependent by Barbra McDowell, Ph.D. and/or Professional Psychology Group, Inc. staff.
2. I am fully responsible for all missed appointments or cancellations with less than 24 business hours advance notice. A fee equal to the charge for the session scheduled will be charged for each such missed/cancelled appointment.
3. Payment is due at the time of the session, unless other arrangements are made in advance.
4. Delinquent accounts (those not fully paid within 30 days of date of service or presentation of the first statement/bill) will be subject to a finance charge of 1.5 percent per month or 18.0 percent per year, unless other arrangements are made in writing.
5. If my account is referred for collection through legal channels, I will be responsible for all reasonable court costs and attorney/collection agency fees in connection with such action.
6. Dr. McDowell is not on any insurance panels. Dr. McDowell does not do any insurance billing, communication, or authorization. ***I understand am still fully responsible for all fees and charges.***
7. I authorize Barbra McDowell, Ph.D. and/or Professional Psychology Group, Inc. to disclose information about my illness/condition to my insurance carrier for the purpose of processing my claim. This information may include data about my history, diagnosis, and examination findings.
8. I understand that I have been referred to Barbra McDowell, Ph.D. for neuropsychological/ psychological evaluation and/or psychotherapy by my physician, psychologist, attorney, therapist, counselor, or other party. The purpose of these procedures has been explained to me and I agree to participate in them.
9. I have been advised of the costs involved with these procedures and agree to them. The costs are as follows:
    - A. Neuropsychological/psychological testing (test administration): $225.00 per hour.
    - B. Scoring/interpretation of neuropsychological/psychological test data: $225.00 per hour.
    - C. Report to referring professional and/or parent, patient summarizing history and examination /test findings: $225.00 per hour.
    - D. Review of medical/academic/legal records: $450.00 per hour.
    - E. Telephone consultation to my attorney: $450.00 per hour.
    - F. Meeting with my attorney: $450.00 per hour.
    - G. Testimony as an expert witness on my behalf: half-day: $3,000.00; full-day: $6,000.00.
    - H. Initial consultation: $300.00 per 1-hour-15-minute session.
    - I. Individual psychotherapy: $200.00 per 45-minute session.
    - J. Family psychotherapy: $300.00 per 75-minute session.
    - K. Bounced checks: $25.00 per check.
    - L. Telephone consultation exceeding 10 minutes: prorated at regular session fee.
    - M. Individual psychotherapy: $175.00 per 20-30-minute session.
    - N. School meeting; $200.00 per hour: portal to portal.

Acceptable forms of payment are cash, check, credit card, or zelle (bmcdowell@professionalpsychologygroup.com). Payments are due at the time of the session.

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I have read all of the above terms carefully, understand them, and agree to them. I have read and received a copy of the Privacy Practices Policy. The Privacy Practices are also located at www.professionalpsychologygroup.com.

Name of Patient (Please Print)

Signature of Patient (or parent if minor) Date

Witness Date