

Jane Brown, Psy.D.
Jane Brown Evaluations, INC.
1155 Warburton Ave. 8T
Yonkers, NY 10701
janebrown evaluations@gmail.com
828-337-0247

Patient Financial Agreement

I, _____ agree to pay Jane A. Brown, Psy.D. for comprehensive psychological
(Patient/ Parent of Minor Child/ Legal Guardian/ Authorized Rep)
evaluation in the amount of \$300 dollars per hour for all test administration, data collection, scoring and interpretation, collateral interviews (in person or via phone), written report, and feedback sessions. There is no charge for local travel, emails, text messages, or phone calls of less than 20 minutes. I understand that Dr. Brown will make every effort to minimize the cost of the evaluation and that I can discuss the scope of evaluation and associated fees with her at any time. A retainer of 10 hours/\$3,000 is due on the first day of evaluation. Hours/fees are billed monthly and outstanding fees are due upon the release of the final report. Credit card authorization for billing is below. Any additional consultation or testimony after the written report will be billed at the same rate hourly rate with payment due the end of each month.

SIGNATURE:
(Guarantor)

DATE:

I authorize Jane Brown Evaluations Inc. to bill the following credit card:

Card Number:

Expiration Date:

Security Code:

Billing Zip Code:

SIGNATURE:

DATE: