



VIVO Clinical Forensic Psychological Services, Inc.  
Miranda Dewitte, Psy.D., Clinical and Forensic Psychologist (PSY #30147)  
2021 Fillmore St. #2069, San Francisco, CA 94115  
(415) 894-9004  
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### **Psychological Evaluation Service Agreement**

Name of Retaining Party: \_\_\_\_\_ Relationship to Examinee: \_\_\_\_\_

Examinee's Name: \_\_\_\_\_ Examinee's Date of Birth: \_\_\_\_\_

This agreement outlines the terms agreed to when electing to retain Dr. Miranda Dewitte, a licensed clinical forensic psychologist, for psychological evaluation. The terms of engagement are in writing in order to avoid misunderstandings. We ask that you indicate your agreement with the below terms and conditions by signing this agreement and returning it to our office with the initial retainer payment at least seven (7) days before work is requested to begin on a case, along with the following forms:

- Informed Consent to Conduct a Psychological Evaluation
  - Clinical Intake Form
1. After an initial consultation, a non-refundable retainer of \$3,000.00 is required along with the Psychological Evaluation Service Agreement to schedule a testing appointment. The remaining balance (\$2,250.00) will be due at the time of the first appointment. This amount is calculated based on \$350.00/hour for 15 hours, plus \$250 for a one-hour feedback session. Both payments must be submitted, along with the associated documents, in order to begin psychological testing.
  2. A psychological evaluation typically takes between 10-20 hours to complete. If more time is required after exhaustion of the 15-hour service agreement, a follow-up phone consult will take place for a new time estimate and a new retainer not to exceed 5 hours billed at \$350.00/hour. An invoice will be sent to the retaining party, and is due upon receipt. The bill will be considered past due at 30 days. Nonpayment does not relieve the retaining party in any way from payment for services rendered or expenses incurred. I reserve the right to pursue debt collection at 90 days. Unused retainer balances will be returned as credit.
  3. Charges are calculated in 15-minute increments. You will be billed for services such as telephone conferences, email exchanges, in-person conferences, clinical interviews, the gathering of collateral information, review of records, comprehensive clinical interview, psychological test administration and interpretation, report preparation, and a one-hour feedback session. Any time spent related to the evaluation that is beyond the scope of an initial 20-minute telephone consultation may be considered billable time.
  4. I do not bill insurance companies; however, I can provide a super bill and you may contact your insurer to determine if they will reimburse you for all or part of the expenses.
  5. Please contact our office at 415-894-9004 to cancel a scheduled appointment. Cancellation of a psychological testing appointment must be made within five (5) business days of the

appointment time. Since alternative bookings are unlikely on short notice, failure to cancel an appointment in a timely manner or to "no show" on the day of the appointment will result in a charge of 4 hours of time (\$1,400.00) and the possible the termination of services. If an examinee is more than 15 minutes late without prior notice, it will be treated as a "no show." This charge represents the minimal time that was reserved for face-to-face assessment.

6. The retaining party may terminate this agreement upon 15 days written notice for any reason. As the initial retainer of \$3,000.00 is non-refundable, it will be applied to any fees and expenses incurred by Dr. Dewitte or Vivo Clinical Forensic Psychological Services, Inc.
7. Dr. Dewitte or Vivo Clinical Forensic Psychological Services, Inc will have the unrestricted right to resign from performing additional services or unrestricted right to terminate this agreement upon fifteen (15) days written notice for various reasons such as late appointment cancellations, missed or "no show" appointments, the duplication/replication of the assessment materials, unpaid bills for sixty (60) or more days after date of issuance, to name a few. No portion of the initial retainer will be refunded under any circumstances.
8. Checks, cash, and all major credits are accepted forms of payment. Please indicate the intended method pf payment (please check one)

Money Order/Cashier's Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

9. A receipt will be issued for cash payments. Money orders or cashier's checks can be made payable to: Vivo Clinical Forensic Psychological Services, Inc.

10. If paying by credit card, please fill out the following:

Name on Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

16 Digit Credit Card #: \_\_\_\_\_ Exp Date (XX/XX): \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature Authorizing Credit Card Billing: \_\_\_\_\_

This agreement shows your commitment to paying for this psychologists' services. By signing below, you are affirming that you are in agreement with the fee and services described herein. Your signature below also affirms that you have had an opportunity to review these policies, agree to the terms, and have had any questions you may have sufficiently answered prior to signing this agreement.

Thank you for your confidence and I look forward to working with you!

Retaining Party's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_