INFORMED CONSENT (MINOR)

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PSYCHOLOGICAL/NEUROPSYCHOLOGICAL ASSESSMENT TO ILDIKO TABORI, Ph.D. A LICENSED PSYCHOLOGIST IN THE STATE OF CALIFORNIA. I UNDERSTAND THE PAYMENT ARRANGEMENT I HAVE MADE TO BE AS FOLLOWS: THE FEE FOR A 45-50-MINUTE SESSION FOR PSYCHOTHERAPY IS \$195.00 TO BE PAID IN FULL AT THE CONCLUSION OF EACH SESSION UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE (I.E., BILLING PRIMARY AND/OR SECONDARY MEDICAL INSURANCE). THE FEE FOR A STANDARD PSYCHOLOGICAL/NEUROPSYCHOLOGICAL EVALUATION IS \$1,950.00 TO BE PAID IN FULL AT THE CONCLUSION OF EACH TESTING SESSION UNLESS PRIOR ARRANGEMENTS HAVE BEEN MAD (I.E., BILLING PRIMARY AND/OR SECONDARY MEDICAL INSURANCE). I UNDERSTAND THAT SCHEDULED SESSIONS OR EVALUATIONS THAT ARE NOT CANCELLED WITH AT LEAST 24-HOUR NOTICE ARE BILLED AT THE FULL RATE. THERE IS NO CHARGE FOR SESSIONS WITH AT LEAST 24-HOUR NOTICE. SIGNATURE: DATE:		•
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Output The fee for a 45-50-minute session for psychotherapy is \$195.00 to be paid in full at the conclusion of each session unless prior arrangements have been made (i.e., billing primary and/or secondary medical insurance). The fee for a standard psychological/neuropsychological evaluation is \$1,950.00 to be paid in full at the conclusion of each testing session unless prior arrangements have been mad (i.e., billing primary and/or secondary medical insurance). I understand that scheduled sessions or evaluations that are not cancelled with at least 24-hour notice are billed at the full rate. There is no charge for sessions with at least 24-hour notice. Signature: Date:		
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