



Dr. Baruch Williams  
216 North Michigan Ave, League City, Texas 77573  
Phone: 281-332-5100 Fax: 281-332-5155  
www.Psychology-Resources.com

## Financial Responsibility

I, \_\_\_\_\_, understand that I am self-paying (out of pocket) for neuropsychological/psychological services rendered by Dr. Baruch Williams. Upon request, I will be provided with information to file my own insurance claim, and I understand that obtaining insurance reimbursement is solely my responsibility.

## Cancellation Policy

Your appointment time has been reserved specifically for you. Once your appointment is scheduled, you will be financially responsible for it unless you provide 24 business hours notice of cancellation.

**The hourly fee (\$170) is charged for appointments cancelled with less than 24 business hours notice.**

## Our Fees

-We charge \$200 for your initial intake/visit, and \$170 for test administration, scoring, interpretation, record review, telephone interviews, comprehensive report writing, letter writing, and feedback sessions.

-Returned checks will be assessed a fee of \$35.

Printed Name of Patient: \_\_\_\_\_

Printed Name of Responsible Party: \_\_\_\_\_  
(if patient is a minor, or if the responsible party is not the patient)

Signature of Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_