



1501 Highwoods Blvd., Suite 101, Greensboro, NC 27410 • 1777 Fordham Blvd., Suite 202-1, Chapel Hill, NC 27514  
Telephone: (336) 272-0855 Greensboro Fax: (336) 272-9885 Chapel Hill Fax: (919) 238-7000  
carolinapsychological.com

---

PSYCHOLOGICAL EVALUATION FEE AGREEMENT FOR NON-COVERED SERVICES

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand and agree that psychological testing may not be covered, or not covered fully by my insurance carrier.

If you or your child are here for psychological testing, please be aware that pre-authorization does not guarantee payment or payment in full by your insurance carrier or other third party payor.

By signing below, you are agreeing to be responsible for fees incurred for these services if your insurance denies payment and/or revokes or reduces the units of your pre-authorization, or it is not a covered service.

\_\_\_\_\_  
Client or Parent/Guardian Signature

\_\_\_\_\_  
Date