

FEE SCHEDULE FOR WSU STUDENTS

Psychology Clinic
Washington State University
P.O. Box 644820
Pullman, WA 99164-4820
509-335-3587 Fax: 509-335-1030

Client name: _____ **Client #:** _____

Most health insurance will not cover services provided by graduate student therapists. The Clinic does not submit claims to insurance companies on your behalf but we can provide you with documentation of services received and payments you made. We do not accept Medicare or DSHS Medical Coupons.

Therapy Services Fees:

- Students at Washington State University are eligible to be seen for therapy services at the Psychology Clinic for the **flat rate fee of \$5.00 per session**. Sessions are typically 45-50 minutes.
- In cases of extreme financial hardship, lower fees for therapy services only may be negotiated on a temporary basis with the approval of the clinic director. Please discuss this process with your therapist.
- **Missed appointments/late cancellations** are billed at the regular session fee.
- Fees are due at the time that services are received. Half of the assessment fee is due at the time that testing begins and the remaining half at the time of the final test administration.
- We accept cash, personal check or MasterCard/Visa and will provide you with a receipt of payment.

Assessment Services Fees: Charges for assessment services for WSU students (except for students referred by the WSU Athletics Department) are listed below.

Assessment Service	Fee	Payment is Due:
Clinical Intake Interview (1-2 hours)	\$20.00	At the time of the interview.
Learning Disability, Attention Deficit/Hyperactivity Assessment	\$200.00	Half (minus the interview fee) due at time of first test administration; half due at the time of final test administration.
Autism Assessment	\$200.00	Half (minus the interview fee) due at time of first test administration; half due at the time of final test administration.
Diagnostic Clarification	\$150.00	Half (minus the interview fee) due at time of first test administration; half due at the time of final test administration.
Neuropsychological Assessment	\$200.00	Half (minus the interview fee) due at time of first test administration; half due at the time of final test administration.
Feedback Session	No charge	
Missed Appointments/Late Cancellations	\$25.00	Before testing can resume.

Fee Agreement:

I, _____, the Client, request that the Psychology Clinic provide professional services to me, and I agree to pay the fee of \$_____ per hour (or \$_____ assessment rate) for these services. I acknowledge that I am financially responsible for services provided by the Clinic to me. I understand that other persons or insurance companies may make payments on this account. I authorize the Clinic to disclose my personal health information to federal and state agencies as necessary to secure payment for services paid for by those agencies.

Client Signature

Date