

McCaskill Family Services, PLLC

409 Plymouth Road, Suite 250, Plymouth, MI 48170 2040 Grand River Annex Suite 300, Brighton, MI 48114
734-416-9098, Ext. 1 810-224-1676

www.mccaskillfamilyservices.com • office@mccaskillfamilyservices.com

Name of Patient _____ Date _____

Patient DOB: _____ Age: _____

A comprehensive evaluation has been scheduled on _____ at _____ with _____
at our _____ location.

Ages 3-5 (\$450 intake + 2150 testing + 200 feedback) Total = \$2800
Ages 6-10 (\$450 intake + 2650 testing + 200 feedback) Total = \$3300
Ages 11-14 (\$450 intake + 3150 testing + 200 feedback) Total = \$3800
Ages 15 & up (\$450 intake + 3950 testing + 200 feedback) Total = \$4600

Intake payment is due at the time of Intake.
The remaining balance is due at the time of testing.

Please initial:

_____ I understand that MFS is out of network with ALL insurance companies. If I am seeking reimbursement for services at MFS it is my responsibility to contact my insurance provider and submit to them the paid receipts provide by MFS in my patient portal.

_____ The evaluation is done in three parts: intake, testing, and feedback. The feedback appointment can only take place a minimum of 2 weeks after the testing and only if all paperwork has been received by MFS.

_____ I understand that I am required to

1. Collect and submit all school report cards for each grade.
2. Collect and submit all previous school or other testing results.
3. Complete the 2 parent questionnaires sent to my email.
4. Inform teachers that they will receive 2 questionnaires via email to ensure timely completion.

Patient or Parent/Guardian of Patient Printed Name

Patient or Parent/Guardian of Patient Signature

