Dear

Thank you for your enquiry for psychological services. Please read the section below which aims to explain the process involved in a Full Psycho-Educational assessment and the costs involved. Once you have read through the details and you wish to continue with the assessment, please fill in the questions below and email the document back to me. Once the forms have been returned, a date for the assessment will be set and all the relevant details will be emailed back to you. If you have any further queries before going ahead with the assessment, please don't hesitate to contact me.
Full Psycho-Educational Assessment

The assessment aims to get the best results and as much information as possible. For this reason there is an initial interview with the parents. This is followed up with an assessment which takes between 4-6 hours. After this a verbal feedback session is arranged, which takes 1 hour. A report is compiled (which can take up to 2 hours to prepare) and this is emailed to the parents. After the feedback session with the parents a meeting is arranged with the teacher and the parents for a feedback, if required by the parents.

Fees for the assessment: Medical Aid Rates

Initial Consultation hour- R630 (payable before the interview)
Assessment 4 Hours- R2520  (Payable at the end of the assessment sessions)
Feedback and report 2 Hours- R1360 (payable before the feedback session)
Total R4510.00

Please note all fees need to be up to date before the feedback session can be conducted.

Fees for Play Therapy
R600 per 45minute play therapy session
Feedback sessions 1hour R630

Medical Aid Information and Codes

Practice number: 8634653
One hour consultation: Code 86205
ICD-10 code: F93.9

Please take note of the following:
Fees:
All fees are claimable by yourselves from medical aid.
This is a cash practice and works strictly on a cash basis. I do not claim from medical aid.
All fees must be paid on presentation of the invoice; I would appreciate your co-operation in this matter.
BIOGRAPHICAL DETAILS
Please fill in the following details and email back to me.

Please fill in the following

DATE

FULL NAMES AND SURNAME OF CHILD

DATE OF BIRTH

AGE

NAME OF PARENTS

Mother

Father

NAME AND AGES OF ALL SIBLINGS

PLEASE CROSS THE FOLLOWING
Married
Separated
Divorced
Not Married
Parent Deceased

ADDRESS DETAILS
Postal

Residential

TELEPHONE
I (full name)__________________________ would like an assessment
for (name of child)________________________________________.

I am aware of the costs stated above and will commit to pay the full fees
for the assessment on presentation of the invoice.

________________________
Signature of parent or guardian