

Nancy A. Leslie, Ph.D.
Clinical Neuropsychology
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Insurance And Financial Policy

Fees: The fee for the initial neuropsychological interview is \$180 per hour. Individual neurocognitive therapy, neurocognitive rehabilitation or individual psychotherapy is \$125 per hour. You will be responsible for your total bill.

Testing: If neuropsychological testing recommended the total charge is \$1000, which includes the initial interview, 3-4 hours of testing, report writing and feedback. If a more extensive evaluation is recommended the cost would be \$1800 with 7 hours of face-to-face testing, 3 hours for scoring, review of medical records and report completion for a total of 14 hours. An estimate of the time required to perform your assessment will be made after the initial interview.

Insurance: We are no longer billing your insurance company. We will give you the necessary documentation including diagnosis codes and procedure codes for you to file your own insurance. We urge you to contact your insurance company directly to find whether benefits are available and what those benefits may be. You will be responsible for paying the total bill and any insurance reimbursement will go to you directly.

Forensic: Fees pertaining to forensic neuropsychological services such as attorney consultation and review of records are \$200 per hour. Depositions are \$400-\$800 per hour. Any travel outside Bryan College Station will be billed at \$125. Actual courtroom testimony is \$1000 per half day or a portion of, or \$2000 per full day.

Appointment Policy: Except for testing, each session lasts 50 minutes. If you are late, I will see you only for the remainder of this time. If you are unable to keep your appointment, you must provide a 24-hour advance notice to avoid charges.

I hereby give permission to Nancy Leslie Ph.D. to render neuropsychological, psychological, and rehabilitation services as deemed necessary. I agree that I will put forth maximum effort to perform to the best of my abilities. I have read and understood and agreed to these policies.

Patient: _____

Witness: _____