

*Columbus B. Bryant, MSW, Psy.D.*

Child and Adult Psychology

8100 E. 22<sup>nd</sup> St. N, Bldg 1400-1  
Wichita, Kansas 67226

Phone 316.631.1222  
Fax 316.631.1224

**NOTICE AND AUTHORIZATION  
NON-COVERED SERVICES**

Services for a Psychological Evaluation are billed at the rate of \$175.00 per hour.

I understand that my health benefits program may not pay for all services provided and that I will be responsible for any fees beyond what is paid by my insurance policy.

There will be a \$50 Testing fee due at the time of the initial appointment.

I hereby authorize Columbus B. Bryant to bill me for expenses that are not paid by my insurance for:

Psychological Evaluation  
Description of Service

\_\_\_\_\_  
Date of Service

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date