

Payment Request Form

Send Payment To: Paul J. Heaton, Psy.D.

Address: 1929 Little Lake Road
Washington Island, WI 54246

1099 Tax ID Number: 371600866

Charges for the Psychological Evaluation of Mr. Emanuel Lollis (Dated 03/30/2019)

Evaluation Charges:

Transit time to Rushville Treatment and Detention Facility (Gills Rock, WI to Rushville, IL - roundtrip) (01/14/2019 Prorated with two other evaluations)	(18 Hours @ 50.00/hr = \$900.00/3 = \$300.00)
Review of Clinical File (01/12/2019 & 03/29/2019)	4.5 Hours @ 175.00hr = \$787.50
Clinical Interview with Mr. Lollis (01/14/2019)	3 Hours @ \$250.00/hr = \$750.00
Interview with TDF Treatment Providers (Ms. Schupick 03/18/19)	1.5 Hour @ \$300.00/hr = \$450.00
Evaluation Write-up (03/30/2019)	5 Hours @ 300.00/hr = \$1500.00

Total Charges for Evaluation = \$3787.50

Please make payment to **Paul Heaton, Psy.D.** at the above address
Thank you for your prompt payment,

Paul J. Heaton, Psy.D.