

**Invoice For Forensic Mental Health Assessment
Bureau For Behavioral Health And Health Facilities
West Virginia Department Of Health And Human Resources**

Send Invoice to:

Lorna Harris
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, West Virginia 25301-3702

1. Date(s) of Assessment: _____
Name: _____ Judge/County: _____

 2. Type of Assessment (check as appropriate):
 Competency
 Not Guilty by Reason of Mental Illness
 Sexual Offender Appropriateness for Community Placement

 3. Activities/ time spent/subtotal.
 - A. Face to Face and collateral interviews by approved evaluators
(Total may not exceed \$1,500 for A. & B. combined.)
_____ hours x \$300.00 \$ _____

 - B. Face to Face by ancillary qualified (licensed) professionals
(Total may not exceed \$1,500 for A. & B. combined.)
_____ hours x \$100.00 \$ _____

 - C. Record Review and/or consultation with attorney by approved evaluator
(Total may not exceed \$1,500 for C. D. & E. combined.)
_____ hours x \$100.00 \$ _____

 - D. Record Review and organization by clerical staff
(Total may not exceed \$1,500 for C.D. & E. combined.)
_____ hours x \$25.00 \$ _____

 - E. Record review and/or consultation by other professional
(Total may not exceed \$1,500 for C.D. & E. combined.)
_____ hours x \$50.00 \$ _____

 - F. Travel by professional **(Not included in cap)**
_____ hours x \$100.00 \$ _____

 - G. Travel by other qualified professional or psychometrician
(Not included in cap)
_____ hours x \$50.00 \$ _____

 - H. Report by professional **(Total may not exceed \$1,500.00)**
_____ hours x \$300.00 \$ _____

 - I. Psychological testing by approved evaluator
(Total of I. & J. may not exceed \$1,500.00)
_____ hours x \$200.00 \$ _____

 - J. Psychological testing by psychometrician or other licensed psychologist
(Total of I. & J. may not exceed \$1,500.00)
_____ hours x \$100.00 \$ _____
- TOTAL INVOICE** \$ _____

*Please note that caps for each category may not be exceeded without prior authorization.

*Please note that cost of overall evaluation may not exceed \$3,000.00 without prior authorization excluding costs of travel.

*Please call Ms. Harris with questions or requests for prior authorization to exceed caps at 304-558-1555.

* You must attach a copy of the Court Order authorizing evaluation with a **raised seal and a signed copy of the evaluation.**

I certify that this invoice is accurate to the best of my knowledge.

Approved Evaluator

Business Name/Pay to:

Address:

FEIN or SS #;

INVOICE # :
