

UHS NEUROBEHAVIORAL SYSTEMS
An affiliate of The Meridell Achievement Center

OUTPATIENT NEUROPSYCHIATRIC APPOINTMENT CONFIRMATION

NAME: _____

Thank you for scheduling an Outpatient Neuropsychiatric Exam for your child. An examination consists of the following:

1. **Neurophysiology Study (one hour):**

Date: _____ **Time:** _____ **(Please arrive 30 mins. early for paperwork)**

This non-invasive, brainwave test (Cognitrace EEG and Visual and Auditory Evoked Responses) is conducted at the Meridell Achievement Center, 12550 Hwy. 29 W., Liberty Hill, TX 78642, located 30 minutes northwest of Austin (directions enclosed). **PHONE (800)366-8656**

- a. An EEG Technician will conduct this test.
- b. Results are interpreted by John Seals, M.D., Pediatric Neurologist.
- c. The Neurology Report describes findings of the Neurophysiology Study and is available several days after testing .

2. **Neuropsychiatry Consult (Results to family by telephone conference appt.)**

- a. Dan Matthews, M.D., Pediatric Neuropsychiatrist, reviews the Neurophysiological findings and provides a Neuropsychiatric Report.
- b. The Neuropsychiatric Report includes medication recommendations and is available several days after testing. **A phone consultation to discuss results can be scheduled as soon as the report is received.**

3. **Neuropsychological Testing and Consultation (by special arrangement only)**

Date: _____ **Time:** _____

Date: _____ **Time:** _____

These paper and pencil type tests are conducted in the offices of UHS Neurobehavioral Systems located at 12710 Research Blvd., Ste, 255, Austin, TX 78759. PHONE (800)272-4641.

- a. **Larry Fisher, Ph.D., Pediatric Neuropsychologist conducts this evaluation along with his technician over a two day period. Testing occurs the first day; findings and recommendations are on day two.**

The following documents need to be sent to the address and/or HIPPA compliant fax number listed below prior to an appointment.

1. Referral letter and copies of recent clinical reports from your child's doctor, psychologist, or mental health professional.
2. Recent hospitalization and medication records & school test results such as IQ.

We regret that our office can no longer bill medical insurance for patients. Payment is expected on the day of an appointment unless prior arrangements have been approved by our business office. We will gladly provide you with claims documentation to file for reimbursement.

12710 Research Blvd., Ste 255
Austin, TX 78759
P (512)257-3468
F (512)257-3478