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Non-public

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Greg Tatum
Diane Cappiello
Julie Vicidomini

From: Kim Conti 

Re: Board Agenda Item

Date: April 26, 2017

Please place the following on the board agenda:

**Approve Marilyn Kubichek MD, FAAP (Columbia Commons North Tower
256 Columbia Turnpike, Suite 109, Florham Park NJ) to provide
Neurological evaluations at the rate of \$575.00 per evaluation for the 2017-
2018 school year, not to exceed \$6,325.00. (Acct # 11-000-219-320-01-19)**



MARILYN A. KUBICHEK, MD, FAAP

Neurologist/Clinical Neurophysiologist

Diplomat of the American Boards of Psychiatry and Neurology, with Special Qualifications in Child Neurology, and Pediatrics

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Policy on Requests for CST Evaluations

PURPOSE: There are times that school districts may request an evaluation of a child to determine if there is a medical or neurological reason that their student is having difficulty learning. It is the goal of this office, the physicians and staff, to accommodate as many requests as possible in the shortest amount of time in an accurate manner.

POLICY: The following statements explain the policy of the office as it relates to requests for CST evaluations.

1. All requests for CST evaluation should include
 - a signed Release of Information form from the parent or guardian of the child giving the Department of Special Services and the School District permission to secure or send reports and information regarding the child to Dr. Kubichek, MD, LLC, and
 - a voucher with a Purchase Order Number (vouchers without PO's will not be accepted), and
 - any written reports that are pertinent to the evaluation.
2. A minimum of ten (10) business days for the completion of all reports should be allowed.
3. A fee of \$575.00 is charged for a Child Study Team Evaluation Report which includes the practice expense, visit, professional component including review of previous reports, neurological examination and written report which may recommend further neurologic studies such as a EEG, EMG, BAERS, Sleep Study, Neuroimaging, Laboratory Studies, Psychological/Psychometric Testing or Other Tests (PET), SPECT, MEG, which are separate procedures and require a separate fee which are usually covered by the patient's medical insurance.
4. The fee of \$575.00 does include a review of follow-up studies as they relate to the original report and recommendations and amendment to same if necessary.
5. A charge of \$50.00 for a missed visit without benefit of a twenty-four hour cancellation or cancelled visit within a twenty-four hour period has

PROCEDURE: When we receive the request and purchase number, we will schedule a visit for the child.

PROVIDER: Once the visit has been scheduled, the physician will review pertinent information, provide a complete neurological examination and write the report.

See Also: Form - Authorization for Release of Information for Child Study Team Evaluation