



TABLE OF SERVICES AND FEES

Service code (CPT Code)	Description	Fee for Service (Number of Sessions Will Be Determined as We Progress)
90791	Initial Diagnostic Evaluation	\$200
90832	Psychotherapy, 16-34 minutes	\$75
90834	Psychotherapy, 38-52 minutes	\$120
90837	Psychotherapy \geq 53 minutes <u>(This fee is our hourly rate & used for all prorated calculations as indicated)</u>	\$150
90839	Psychotherapy for a Crisis (30-74 minutes)	\$225
+90840	Psychotherapy for a Crisis (Add-on code for each additional 30 mins)	\$75
+90785	Add-on code for interactive complexity: communication difficulties including high reactivity, high anxiety, repeated questions or disagreement	\$35
+99050	After hours billing - outside of scheduled working hours; holidays (add-on code)	\$50
90846	Family Psychotherapy without Patient Present, 50 minutes	\$160
90847	Family Psychotherapy with Patient Present, 50 minutes	\$160
90853	Group Psychotherapy	\$45
CI	Coaching Intake/Assessment, 60 minutes (Not covered by insurance)	\$100
IC	Individual Coaching, 30 minutes (Not covered by insurance)	\$50
IC	Individual Coaching, 60 minutes (Not covered by insurance)	\$100
RC	Relational Coaching, 60 minutes (Not covered by insurance)	\$125
RC	Relational Coaching, 90 minutes (Not covered by insurance)	\$175
Case management	Letters, reports, consultations (Not covered by insurance)	Prorated based on the amount of time spent at hourly rate
98966-98968	Telephone Assessment & Management	Prorated based on the amount of time spent at hourly rate
98970-98972	Online Digital Evaluation & Management (Responding to Email & Text Messages)	Prorated based on the amount of time spent at hourly rate
Late Cancellation/No	Your Therapist Requires a 24-Hour Cancellation Fee	You are Responsible for the Fee of the Appointment Missed

Show Fee		\$110
Production of Records	Will require 30 days to complete after written authorization	Prorated based on the amount of time spent at hourly rate
Legal Fees	Subpoenas, legal consultations, depositions. These will include travel times to and from venues if necessary.	\$2000 retainer. \$250/hr and can be prorated based on time spent

Please note that Place of Service (in office vs. telemental health) is not delineated above since the charges are identical.

If you are utilizing insurance, you may be responsible for a deductible, co-pay, or co-insurance depending on your policy. It is strongly recommended you contact your insurance company for the most accurate, up-to-date information regarding your coverage.

I have reviewed the fee schedule as listed above and understand my financial responsibility as a client. I agree to pay for services which are rendered.

Client or Authorized Representative

Date

Counselor

Date