FEE SCHEDULE EFFECTIVE

 January 1, 2019

CPT code

90791 Diagnostic Evaluation $120

90832 Individual psychotherapy (30 mins.) $50

90834 Individual psychotherapy (45 mins.) $75

90837 Individual psychotherapy (60 mins.) $100

90846 Family psychotherapy (without patient) $120

90847 Family psychotherapy (with patient) $120

90839 Crisis psychotherapy (60 mins) $140

90840 Crisis psychotherapy (30 min add on) $70

T1016 Case Management (15 min. increments) $25

90853 Group psychotherapy $ \_\_\_\_\_\_

90831 Telephone consult $30

90885 Psychiatric evaluation of record $50 per hour

Missed appointment $ \_\_\_\_\_ (hourly rate)

Minimal phone consultation (10 mins) $ No Charge

Email correspondence $ No Charge

Other $\_\_\_\_\_

Insurance may not reimburse for mediation, review of records, extensive phone consultation or missed appointments.

 \*\*This is merely an estimate and we cannot guarantee this is the final amount due​